CHEMIST & DRUGGIST

he newsweekly for pharmacy — a Benn publication

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CHEMIST & DRUGGIST

Incorporating Retail Chemist

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COMMENT

Side effects

Patients are revolting — or so it would seem! During the past week there have been a number of items in the news media which bring together both the efforts of the consumer activists and the disappointments of the pharmaceutical industry which give rise to public concern.

The major item was perhaps the formation of Drug Watch, a new pressure group on drug safety. Its stated aim is to persuade the Government to tighten procedures for licensing medicines and to improve drug monitoring systems. Drug Watch believes the Committee on Safety of Medicines has failed in its duties of drug monitoring — among the alleged shortcomings being inadequate involvement in premarketing surveillance and acceptance of information about adverse reactions only from doctors, and not from patients.

Drug Watch also believes there is insufficient control over the information contained in drug leaflets and on the marketing techniques used to influence medical opinion.

Much of this policy has a familiar ring and we must hope that the organisation, if it makes progress, will not be another one too involved in destroying existing systems that work, if imperfectly, to consider what better should take their place. At least Drug Watch is expected to have pharmacists among its advisers, and other members will be drawn from consumer organisations, community health councils, universities and the legal profession. Also involved is the recently-formed local Government and Health Rights Group, which has been looking at an alternative system of adverse reaction reporting involving pharmacists (*C&D* July 30, p176). The latter group is GLC-funded.

All pharmacists will be in favour of the profession being involved in adverse reaction reporting, of course. It is a move long overdue, because the pharmacist is much more likely to hear of certain reactions than is the doctor, and exhortations to patients that they should be reported to the physician are by no means always followed up. But equally there is no point in feeding the CSM or other collecting agency with masses of unsubstantiated subjective reaction reports: at this stage, the idea of a sort of "right to tell" (and claim for damages?) democracy would be counter-productive if patients' interests are really the concern.

Presumably, much of the activity has been occasioned by the attacks on, and withdrawal of, drugs such as Opren and further "exposures" by programmes like Channel 4's "Kill or Cure". But work *is* in hand to find faster methods of reporting, including the interactive Prestel experiment based on the University of Surrey and the Southampton surveillance study, and it would surely be wise to evaluate these before totally undermining public confidence in the current system.

But with another drug withdrawal this week (p513) patients may not be patient. That other activists' body, the National Consumer Council, has issued a booklet on "Patients' Rights" (HMSO, £1.50) in which patients are referred to the British National Formulary as a source of information on drug side effects.

It all sounds very laudable, but the approach ignores the fact that all therapies have a risk: benefit ratio. For most serious conditions, avoiding risk means going without the benefit, and patients are being conned if they are led to believe otherwise. Choose-it-yourself side effects may seem attractive, but it is an area more safely left to the health professionals.

Finally, let us hope no one succeeds in destroying patients' faith in medicines because the placebo response is vital to all therapy. "Doubting Thomases" rarely respond fully to even the safest of effective drugs.

Euro-MPs approve free movement

The European Parliament has just approved the latest steps towards the free movement of pharmacists within the EEC — but only by excluding self-employed pharmacists seeking to establish themselves in new pharmacies or in pharmacies less than two years old.

The Parliament's qualified approval is part of it opinion on the legislative proposals put forward by the EEC Commission in 1981. The proposals now go to the Council of Ministers (representing the ten national governments) for debate and adoption.

The Parliament's opinion was based on a report by a German Christian Democrat MEP, Mr Kurt Malangré, in which he approved the proposals but saw them merely as a first step towards the achievement of pharmacists' right of establishment and freedom to provide services throughout the EEC. The two-year condition was added as the result of an amendment by Mr Derek Prag (Con MP, Herts).

The conditions governing the geographical distribution of dispensaries (or rational location) vary from country to country. These conditions are left untouched by the proposals. The European Parliament came to the conclusion that those member states, such as Britain, Ireland, Germany and Greece, which did not restrict the establishment of pharmacies, would be placed at a disadvantage. This would run counter to the aim of equal conditions of access for all qualified pharmacists seeking work in all the member states. The European Parliament suggests, therefore, that member states with no geographical distribution be allowed to limit the recognition of diplomas to pharmacists taking over existing pharmacies (more than two years old).

Minimum qualifications

The Commissions's proposals consist of two draft Council directives and a draft Council decision. The directives deal respectively with minimum qualifications and the mutual recognition of those qualifications; the decision sets up an EEC advisory committee to help apply the directives in detail.

The first draft directive aims to harmonise member states' laws so that holders of a diploma, certificate or other university qualification in pharmacy meeting certain conditions are entitled to pursue the activities of a person:

- ☐ responsible for the preparation of the pharmaceutical form of medicinal products and for their manufacture and testing;
- ☐ in charge of a laboratory for testing medicinal products;
- responsible for the storage, preservation and distribution of medicinal products at the wholesale stage;
- ☐ responsible for preparing and dispensing medicinal products in dispensaries on a retail basis or for patients in hospitals;
- ☐ involved in the dissemination of scientific information on medicinal products to the medical and pharmaceutical professions.

The award of a qualification would have to ensure that the holder had adequate knowledge of the starting materials used in pharmacy; of pharmaceutical technology and the physical, chemical and biological testing of medicinal products; of the action and metabolism of medicinal products and toxic substances and the use of medicinal products; and of the conditions associated with the practices of pharmaceutical activities.

A qualification would have to prove a minimum training period of five years, including at least four years' full-time theoretical and practical training and six-months' in service training in a dispensary. There is a let-out clause for those member states with two recognised courses (four years and five years) allowing the four-year qualification to be recognised.

The second draft directive would require member states to recognise qualifications awarded to other member state nationals, so that every holder of a qualification had the same rights to take up and pursue pharmacy either in an employed or self-employed capacity. The appropriate qualification in the UK and Ireland would be the certificate of Registered Pharmaceutical Chemist. In the event of justified doubts, the host member state may require confirmation of the authenticity of the qualification issued in another member state.

A host member state, which required proof of good character from its nationals wishing to become pharmacists, would have to accept from another member state national a certificate of good character (or equivalent document) issued by a competent authority in the other member state. The same would apply to proof of good physical and mental health. (Any document in question would have to be no more than three months old.)

The next step in the legislative process is for the European Commission to revise formally its proposals in the light of the Parliament's opinion and resubmit them to the Council of Ministers. This could take several months. Thereafter discussions between Council officials (including civil servants from the ten national capitals) could take several years before agreement is reached.

EEC Report by Richard Carswell, executive director, CSM European Consultants Ltd, Eagle House, 109 Jermyn Street, London SW6.

Advice from "an old hand" for a "new boy"? Desmond Lewis, secretary and registrar PSGB (right) chats to new PSNI secretary Derek Lawson (centre) at the BP Conference banquet. PSNI president J.H. Galbraith looks on. Conference reports opposite and from p532

Protestors break in at Beckenham

About 80 to 100 people broke into Wellcome's Beckenham site on Sunday, September 18, in what appears to have been an organised demonstration against animal experiments. The South Eastern Animal Liberation League were reported to have claimed responsibility.

Most were arrested without entering any of the buildings. Some of the demonstrators forceably entered one of the buildings but no animals were released.

Some reports were taken but they are not secret or confidential. Results of the studies have been published in summary form and have been accepted for publication in more detail.

Sixty-nine people involved in the demonstration were bound over to keep the peace on varying sums at Bromley Magistrates Court on Monday.

Zelmid withdrawn after side effects

Astra have discontinued sales of their antidepressant drug Zelmid in all countries, and surrendered the product licence.

The decision follows identification of a small number of cases (primarily reported in Sweden) of potentially serious adverse events including neurological disorders (the Guillain-Barre syndrome).

The Committee on Safety of Medicines has received about 330 yellow card reports for patients taking Zelmid and four deaths have also been reported.

Dr R.N. Boyes, medical director of Astra, said that about 200,000 prescriptions have been written for the drug in the UK, Ireland, Sweden, Germany, Belgium and Holland. A minimum of 50,000 people have been exposed to the drug in the UK, he said.

Astra say the serious reactions are rare but because it is impossible to identify patients at risk the drug has been withdrawn.

Astra decided to surrender the product licence because they do not know how long further research will take to clarify mechanisms involved in the possible adverse reactions.

Zelmid with its unique mechanism of action, say Astra, has benefitted the vast majority of patients treated and has been used mainly by specialists for severe depression.

Letters have been sent to all pharmacists and doctors in the UK. Astra advise that stocks should be returned to wholesalers for credit. Further scripts should not be filled. Patients should be advised and the prescriber contacted.

CSM to investigate Marcain safety

The Committee on Safety of Medicines is this week to inquire into the safety and efficacy of Marcain in intravenous regional anaesthesia, a technique in which a torniquet is placed on the patient's limb to prevent the drug entering the main circulation. The investigation follows reports of the drug seeping into the bloodstream, causing convulsions and cardiac arrest.

Duncan Flockhart & Co say a survey conducted at Kings College Hospital, London, showed that over 14,000 patients had been treated by the drug with no serious reaction.

Reason for reaction

Seventy to 80 per cent of adverse drug reactions could be due to metabolic variations in patients.

People who are slow metabolisers of drugs may have plasma levels increased four or five-fold, according to a report in last week's *Pulse* on work done by Dr Jeff Idle and colleagues at St Mary's Hospital Medical School. Dr Idle estimates that poor metabolism affects 10 per cent of the population.

He is reported as saying that GPs can do little to protect patients apart from being aware of the problem and listening for hints that a drug is more or less potent than expected.

When a more potent response occurs smaller doses or less frequent dosing should be used, Dr Idle said, although information on adjusting doses in these cases is not widely available. He suggests that when metabolic oxidation plays a significant part in a drug's elimination manufacturers should look at possible metabolic variations in patients.

Black market in animal medicines

A multi-million pound black market in animal medicines, principally antibiotics and anabolic steroids, exists in the UK, according to Gordon Appelbe, head of the Pharmaceutical Society's law department, and Society inspector Alan Davidson.

They estimate that in the last two years in Scotland as much as £250,000 of animal medicines have been sold unlawfully. Most of the drugs appear to come from the Irish Republic. Differences in the exchange rate and the avoidance of 15 per cent VAT gives a 30 per cent advantage in price to smuggled medicines.

Writing in the ABPI newsheet *Veterinary Matters* Messrs Applebe and Davidson say it is the economic incentive to the farmer that is the driving force of the trade, which if unchecked may threaten certain aspects of the veterinary profession. They point to the difficulties in obtaining information on illegal drugs and appeal for assistance from vets and those involved in animal medicines.

The Society's inspectorate is the responsible authority for enforcement of the Medicines Act as far as the retail sale of animal medicines is concerned. The Ministry of Agriculture Fisheries and Food handles importation and licensing details. Most investigations are carried out jointly.

Most of the drugs involved in the illegal trade are those for administration to cattle, the article notes, principally Finaplix and Valbazen. There is no discernible geographical pattern except that one supplier can supply a large number of customers.

Several cases are outlined in the article. One man is known to have sold over £90,000 of medicines in a 12 month period. In another case a large quantity of medicines were found hidden under bales of hay. An examination of the farm accounts revealed a discrepancy in cash flow, but it still took four months to complete the case.

In asking for help to pin down the racketeers the Pharmaceutical Society is at pains to point out that there will be no breach of professional relationships — rather a case would be terminated.

Above, Pharmaceutical Society president Mr Colin Hitchings presents Miss Alison Morley, Aston University, with the C&D Medal and Award for the best paper and presentation at the BP Conference practice research session. Below, Dr Trevor Jones hands over his badge of office to the new science chairman, Dr John T. Smith, professor of microbiology, School of Pharmacy, London

Science 'must not be pushed aside'

The science of pharmacy must not be pushed too much to the sidelines or access to those who may influence the future of the profession will be removed. That warning was given to the Conference closing session by retiring science chairman, Dr Trevor Jones.

Dr Jones recorded that 116 scientific contributions had been made to the Conference, plus 10 major lectures — plenary lectures had been a success and were likely to be repeated. The science award goes to Dr Alan Harvey, a pharmacologist from Strathclyde University, whose subject is neuromuscular physiology. The new science chairman is Dr John T. Smith.

Presenting the *C&D* Medal and Award (see picture) the president, Mr Colin Hitchings, said that the number of practice research papers had increased year by year, as had their standard. It had been an "eminently successful" innovation.

The vote of thanks to the local organising committee was proposed by Mr Harry Galbraith, president of the Pharmaceutical Society of Northern Ireland, in a joke-laden speech. He congratulated all concerned on a conference that had broken records.

New label regulations too soon for London contractors

City and East London Contractors Committee is calling on the Pharmaceutical Society to defer the deadline for typewritten or computer produced labels — the date suggested is "at least July 1, 1984."

In a letter to the Society's secretary and registrar the chairman, Mr D.C. Evans, says the notice given in November 1982 was too short — "even if it was possible to assume that all pharmacists were expecting the decision and were financially and mentally prepared for such a swift and major change in dispensing procedures." The letter goes on: "Such important decisions are not taken easily. Much time and effort have to be expended in acquiring the level of knowledge that enables one to make a wise choice. It is certainly not a process that should be rushed or hurried. Even the Boots organisation, with its high level of financial and technical resources, apparantly needs every bit of the time allowed for installing the necessary equipment.

"Most importantly, the latest reduction in NHS remuneration, coupled with a crippling clawback means that, for a considerable number of pharmacists, financial conditions will be deteriorating to the point where they are just about hanging on. In this morale-sapping situation the choosing and installing of a suitable labelling system becomes particularly onerous and nerve-racking and needs to be taken in easy stages in order to avoid a possibly disastrous mistake."

Chemists may miss out warns report

Chemists' counter sales rose 8 per cent to reach £840m in 1982. NHS prescriptions added a further £1,060m to turnover.

A report on chemists' and photographic goods in the latest *Retail Business* shows sales progress in the chemist sector to have remained remarkably steady over 1982, at 8 per cent per quarter. This may conceal wider monthly variations however.

Volume sales actually fell by 4 per cent during the year — making 1982 the third successive year of decline.

Counter sales are projected as rising 7 per cent in the current year, bringing them to £900m, with a further rise of 9 per cent taking 1984's total to £985m. This assumes a general trend towards higher inflation over the next few years.

Another report in the same issue looks at the chemist's place in the household goods sector. Considering the recent discount clawback and supermarkets' ever-increasing toiletries sales, *Retail Business* concludes: "All in all retail chemists have some ground at present for feeling that even when the economy looks like improving, they may miss out again." *Retail Business No 307* available on subscription from *Economist Intelligence Unit Ltd, Spencer House, 27 St James's Place, London SW1A 1NT.*

Dispensary errors lead to 'fines'

A Kent pharmacy has had £200 witheld from its remuneration after a dispensing error in which Aspellin liniment was handed out for a baby instead of the antibiotic ampicillin.

The complaint told the pharmaceutical service committee that when she opened the bag to give the baby the first dose she noticed it did not have the appearance of an antibiotic and was labelled "For external use only". A spokesman for the company said the prescription has been dispensed by a locum pharmacist. There had been no intention to defraud — the item has been clearly labelled as Aspellin and put in a ribbed bottle. The dispensed prescription had not been checked, as was the normal practice, as it was the half day and there was no dispenser present.

In another complaint to Hereford and Worcester Family Practitioner Committee a woman said she had taken a prescription for thyroxine tablets to her local pharmacy but when she subsequently opened the bag found that it contained glyceryl trinitrate tablets.

The pharmacist who dispensed the prescription said it was not usual for dispensed prescriptions to be handed out without checking the identity of the patient, but in this case she was known to the assistant. The prescription had been dispensed during a busy period, and the pharmacist had been rather rushed when he dispensed the item.

The service committee was concerned at the apparent lack of checking procedures in the dispensary and recommended that £100 should be retained from the firm's remuneration.

A GP's petition. . .

A Kent GP, Dr Ashiq Hussain, is backing a campaign to get a pharmacy on North Dane Wood housing estate, Chatham.

About 1,000 signatures have been collected at Dr Hussain's surgery which were sent to Kent Family Practitioner Committee according to a report in last week's *General Practitioner*. The nearest pharmacy is a mile from the estate and with a new old people's home planned Dr Hussain is reported to be worried that people will have great difficulty in getting to the chemist.

NPA ad campaign begins to bite

Several pharmacists on the conference excursion to National Pharmaceutical Association headquarters at Mallinson House, St. Albans, last week said that the Association's advertising campaign was beginning to have an effect.

"People are now asking for the pharmacist as opposed to the chemist," NPA public relations officer, Tanya Turton told *C&D*. The true impact of the campaign will be judged next January, when Marplan have been commissioned to review people's awareness of the pharmacist.

More requests are also being received by the NPA for information from pharmacists who have been asked to address local organisations on the pharmacist's role. Tanya Turton has an information pack available on request containing facts and statistics, and a series of 25 questions and answers around which a talk can be based. If audio visual material is required she recommends the PSNC tape slide presentation.

The campaign continues to get good coverage in the Press. Last week's *Sunday Telegraph* carried an article headlined: "Pharmacists win patient's respect", saying pharmacists were coming out of their dispensaries to give help and advice.

Signed FPIOs bring warning from FPC

Lincolnshire Family Practitioner Committee will be writing to all pharmacists and doctors in their area warning about pre-signed prescriptions.

This follows the theft of blank prescription forms belonging to three doctors from a Lincolnshire pharmacy recently. Some of the forms are understood to have been signed.

Mr E.W. Storey, Lincolnshire FPC administrator, told *C&D* that the matter has been referred to the joint services committee.

Drug trial halted

SmithKline Beckman have suspended US clinical trials of a new H_2 receptor antagonist, oxmetidine, because of suspected side effects.

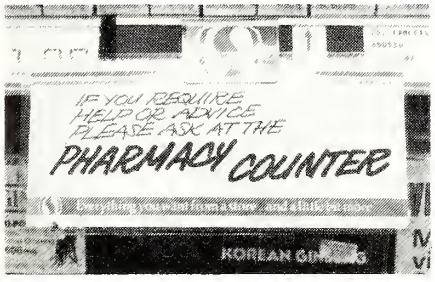
Smith Kline & French, SmithKline Beckman's UK subsidiary confirmed that trials were suspended because of jaundice in one patient.

A sixth for Safeway

Safeway's sixth pharmacy was opened in their new 30,700 sq ft superstore at East Grinstead, Sussex, this week.

Sited on the store's right-hand side, it is the first department met by the customer on entering and faces the start of a health and beauty section that runs the length of the building. A self-selection "cosmetics corner" forms part of the pharmacy area, with large stands for Yardley, Max Factor, Outdoor Girl, Cover Girl, Maybelline and Athena. One end of the pharmacy counter is devoted to fragrance ranges and beyond the pharmacy are sections devoted to babycare and diabetic foods.

The dispensary is equipped with a disc-based Richardson labelling system, which superintendent pharmacist David Horbury hopes to use to communicate stock data to head office. Mr Horbury's intention with the Safeway designs has been to improve the professional image of pharmacy and among the pointers are shelf talkers in the unsupervised areas which read: "If you require help or advice, please ask at the pharmacy counter." A further dozen Safeway pharmacies are expected to be opened during the next year.



A view of the pharmacy looking towards the entrance. The dispensary is at the extreme left

A "plug" for professional advice found on self-selection shelves

Opening at 9am daily — one hour after the store itself (a metal grill is used to divide the registered area) — the pharmacy is open until 8pm Monday to Thursday, 9pm Friday, and 6pm Saturday. Pharmacist manager is Mr R. Dunkley and assistant pharmacist Mrs Christine Hastie. They are assisted by a locum one night a week.

Two group medical practices are nearby and the premises are sited behind East Grinstead's main shopping street, where Boots and Savory & Moore are the pharmacies most likely to be affected.

Pharmacists in charity run

Three pharmacists have joined a fifteen-man team from Organon Laboratories who plan to run a total of 390 miles in aid of cystic fibrosis research.

Each member of the team will run a full marathon of 26 miles, with a relay system taking the run from Newhouse in Lanarkshire to Cambridge.

Ian McCubbin, will run from Elsrickle to Innerlieten on October 8, starting out at 10.30am. Norman Gray's route on October 9 takes him through Manor House, Tow Law and West Auckland. John Jess, carries on through Cleathan and Lincoln later that day. All those taking part are experienced marathon runners, and they hope to raise £5,000 in sponsorship.

There will be no relay baton, but the runners will carry a commemorative scroll marking the 50th anniversary of Organon Laboratories. Final arrival at Organon Laboratories' Science Park site in Cambridge is scheduled for 1.30pm on October 10.

Managing director Brian Boatfield has volunteered to accompany the final runner over the last mile of the course.

Park program

Park Systems are offering an integrated automatic stock control and labeller program for use on their Sharp MZ80A computer.

For each drug on file the pharmacist has to set the current stock, the re-order level and the re-order quantity. The computer automatically deducts stock as it is dispensed and adds it to an electronic "wants" pad, complete with pack size and PIP or Prosper code, when the re-order level is reached.

The pharmacist has the option to change or delete the order if required. The system is offered for £1,600. *Park Systems Ltd, 11 Molyneux Way, Liverpool L10 2JA.*

Deaths

Falls: On September 8, after a lengthy illness, Mr John Michael Falls, MPSNI, 567 Antrim Road, Belfast 15. Mr Falls registered in 1955. He is survived by his wife and family — one of whom is a brother, Malachy Brendan, a pharmacist in business in Cookstown, co Tyrone.

Gilbert: Professor John Collin Gilbert, professor of pharmacology and head of the pharmacy department at Heriot-Watt University, died as a result of injuries sustained in a car accident on September 10. He was 47. Born at Cwm, Wales, he graduated in biochemistry at St Andrews University in 1959 and received his PhD in 1963 at Edinburgh University. From 1963 to 1966 he was engaged in neuropharmacological and neurochemical research at the Children's Memorial Hospital and the Northwestern University Medical School, Chicago, USA. Dr Gilbert returned to Scotland in 1966 as a lecturer in the biochemistry department at St Andrews University. In 1970 he was appointed lecturer in the pharmacology department at Aberdeen University, becoming senior lecturer in 1972 and reader in pharmacology in 1975. In 1976 he was appointed to a new chair of pharmacology at Heriot-Watt University, and was head of school since 1982.

Much of Professor Gilbert's research was concerned with epilepsy and the action of anti-convulsant drugs. Lately he was involved with testing such drugs using plant enzymes as an alternative to animal tissue.

Macdonald: Mr Gilbert Harper Macdonald, FPS, died suddenly in Vancouver on September 14. Mr Macdonald was national chairman of the Multiple Sclerosis Society and author of the Wellcome centenary history "In pursuit of excellence." Mr Macdonald qualified as a pharmacist in 1940 and joined the Wellcome Foundation soon after the war as a medical copywriter. Transferring to the veterinary department as marketing executive in 1948 he became its manager in 1963. By the 1970s he had moved to Berkhamstead, first as sales manager and then as manager of the combined Wellcome and Cooper veterinary division. Later he became group veterinary co-ordinator. He also represented Wellcome on the ABPI's animal health committee. He was made a Fellow of the Pharmaceutical Society in 1972 — the first pharmacist in industry concerned with animal health to be given the award. Mr Macdonald retired in 1981 becoming consultant archivist for the company.

BORING X K
3 daily

The pharmacist found this interesting. Not so the receptionist who wrote the script!

TOPICAL REFLECTIONS

By Xrayser

Conference

There are times when I know I am missing out on things; this is one of them. I ought to have made arrangements to get a locum and attend some of the sessions, for Conference is the true showpiece of our profession — complete with showmen no doubt, including performers like K. Livingstone Esq, and Norman Fowler.

We must be the politest people on earth, for if someone who had robbed me, turned and thanked me for saving him money, I would have found it hard to accord him even the slow handclap. As I wasn't there, I have no way of finding out the volume or rate of hand applause given to the minister when he concluded his speech. But there is something strangely attractive in the application of the old adage "slow but sure," don't you think?

Surprise

A touch of genius is the only way to describe the latest initiative by Unichem and Mr Dodd who not only decided to publicise the wholesalers' role in pharmacy but actually did it properly before telling anyone. No wasted time here rabitting on about what "should" be done. He just arranged to have it done.

Of course, in my alleged role of Unichem-hater I ought to be looking for the foul motive for this bit of practical self-help, but for the life of me I can find none. I've got to be a bit snakey about it and say it will do Unichem no harm, but that seems a bit feeble in the face of what appears to be a first-class initiative which can only help a better understanding of matters pharmaceutical in the places where it really matters.

Well done Peter, dear boy. Have you ever thought of studying for pharmacy so you could apply your energies to the Pharmaceutical Society?

Substitution

I read an item (next to my column last week) where a chemist was fined for a brand substitition: £100 for dispensing a cephalexin made by Glaxo instead of that made by Lilly, without obtaining prior authority from the GP.

It raises a number of points which need some thought. In the first place we are told the chemist tried to contact the prescriber before dispensing the product. In the second, that after he had taken the decision he was able to get it OK'd by the doctor. I know my GPs and am reasonably aware of the parameters of discretion which they will approve. I don't push my luck, but have done the same thing myself where a particular antibiotic was not available for 24 hours, while an identical one was held in stock.

But here we have a pharmacist making a professional decision which, depending on the circumstances of time and urgency, seems to me justifiable. I would have thought the appearance of side effects, not uncommon with this drug, would have occurred with either of the branded products. So the doctor's statement, though correct, that the medicine was not what he had prescribed, does nothing for his status, nor does it impress with his understanding of the idiosyncracy of drug effects. He was just blaming someone else for an effect which was likely to have occurred irrespective of the brand, at one stroke destroying a man's reputation and costing him dear. Nice chap.

The pharmacists, however, should surely have also discussed the problem with the customer, pointing out the issue clearly so as to bring understanding to the patient, who might then have been more ready to grasp that the side effects were side effects and not due to some mistake. I understand that point was made, rightly in my opinion, by the Service Committee. It's called "communication" and is what all this publicity thing is about.

Convoluted offers

I am not suprised to learn that at least one other proprietor pharmacist has been working out his buying and selling prices with a view to continuity of stock. That he should get up-tight about the Addis offer is understandable. I told the rep to get on his bike, because I felt the company approach bordered on sharp practice.

And a number of others are trying the same tack. In they bounce with this marvellous never-to-be-repeated offer. The trouble is they are right. It never *is* repeated, so we are left with a stock range full of gaps and not a chance in hell of replacing the missing items from the wholesaler, because he can't sell enough against the maker's direct prices, and won't hold them in consequence. Or if he does, the list buying price quoted in *C&D* is found to approximate the price we have been advised to *sell* at.

It's a pain of the first magnitude, made worse if we are close to Boots or other multiples who deal direct anyway, in such volume that recommended prices, if they exist, are of the mythical variety, listed only to show how much you are supposed to be saving. A black list of companies to beware of would be useful here, with examples quoted in detail. Perhaps the NPA might be able to help?

Regency Film Services' one millionth film of 1983 was the handiwork of Claire Kendall, a regular customer of Andrews Chemists in Ware, Hertfordshire. Regency hit the one million mark in August this year, equalling in seven months their total 1982 performance. Claire is shown here receiving a photography handbook and two free Regency films from Ernie Gilburd, operations director of the company

News in brief

■ Wellcome have received a product licence for Zovirax cream (acyclovir) and say they "are making plans to launch it in the near future."

■ Chemist and appliance suppliers in Northern Ireland in May dispensed 1,116,969 prescriptions (690,932 forms) at a gross cost of £5,197,423 with an average cost of £4.65 each.

■ *C&D* seems to have got a little ahead of itself over the past three weeks, as one observant reader pointed out when she noticed our issue numbers had jumped from 5384 to 5585. This week's edition is number 5388.

■ Leicestershire County Council has been urged by one of its committees to write to the Association of County Councils to suggest that the results of Pharmaceutical Society's drug testing scheme be made public. The suggestion follows a report by the Association of Public Analysts on pos control of medicinal products.

■ Napp, the makers of Prioderm and Carylderm lotions and shampoos, have set up a head lice hot line on 0223 358888.

If you need any information on head lice preparations or have general problems with controlling infestation, just call for helpful friendly advice, says the company.

■ The CTPA packaging manual — a reference book on the packaging and marking of cosmetic and toiletry preparations — is again available from the CPTA for members only at a cost of £50. Cheques to *Mrs D.A. Smurthwaite, CTPA Ltd, 35 Dover Street, London W1X 3RA.*

Rapifen injection

Manufacturer Janssen Pharmaceutical Ltd, Janssen House, Chapel Street, Marlow, Bucks SL7 1ET
Description Clear colourless aqueous injection presented in 2ml ampoules, each ml containing 500μg of alfentanil as the hydrochloride
Indications Potent narcotic analgesic with a very rapid and short-lived action. Especially suitable as an adjunct to anaesthesia in short operative procedures and out-patient surgery, requiring spontaneous respiration. May also be administered to ventilated patients undergoing longer operations, either as a bolus followed by iv increments or iv infusion throughout
Dosage By the intravenous route to adults and children according to the following regimen:

Adults	*initial*	*supplemental*
Spontaneous respiration	up to 500μg	250μg
Assisted ventilation	30-50μg/kg	15μg/kg
Children		
Assisted ventilation	30-50μg/kg	15μg/kg

Children may require higher or more frequent dosing owing to shorter half life, similarly the elderly may require lower or less frequent dosing due to longer half life. In spontaneously breathing patients the initial bolus dose should be given over about 30 seconds. After iv injection in unpremedicated adult patients 1ml Rapifen may be expected to have peak effect in 90 seconds and to provide analgesia for 5-10 minutes. In ventilated patients the last dose of alfentanil should not be given later than 10 minutes before the end of surgery to avoid the continuation of respiratory depression. In ventilated patients undergoing longer procedures, an iv infusion rate of 1μg/kg/minute has been used during maintenance
Contraindications Obstructive airways disease or respiratory depression if not ventilating. Concurrent administration of monoamine oxidase inhibitors or within two weeks of their discontinuation. Administration in labour or before the clamping of the cord during Caesarian section
Warnings Following administration a transient fall in blood pressure may occur. Significant respiratory depression will occur following doses in excess of 1,000μg. The effect can be reversed with naloxone 0.1-0.2mg iv or im. Bradycardia may occur and can be antagonised by atrophine. Muscle rigidity can occur and iv neuromuscular blocking agents may be useful. Other narcotic or CNS drugs concurrently administered will have an additive effect. A reduced dose should be used in the elderly, in hyperthyroidism and chronic liver disease. Safe use in pregnancy has not been established
Side effects Nausea, vomiting and dizziness have been reported
Pharmaceutical precautions Can be mixed with sodium chloride iv infusion, glucose iv infusion, or compound sodium lactate iv infusion. Combinations with propanidid, thiopentone, methohexitone, and other alkaline agents must be avoided
Packs 10 × 2ml ampoules (£7.43 trade)
Supply restrictions Prescription only
Issued September 1983.

Nubain injection

Manufacturer Du Pont (UK) Ltd, Wedgewood Way, Stevenage, Herts SG1 4QN
Description Ampoules containing a clear colourless sterile aqueous solution of 20mg nalbuphine hydrochloride in 2ml
Indications Relief of moderate to severe pain: it can be used for pre and post-operative analgesia
Dosage Recommended dosage is 10-20mg for a 70kg individual. It may be administered subcutaneously, iv or im. Dosage should be adjusted according to severity of pain and physical status of the patient
Contraindications, warnings Nubain has a low abuse potential, but should be prescribed with caution in emotionally unstable patients. Abrupt discontinuation following prolonged use has been followed by opioid withdrawal symptoms. Should be administered with caution in ambulatory patients as may impair mental or physical abilities required for operating machinery. Use in children under 12 years not recommended. Safe use in pregnancy has not been established. Use in patients with head injury with extreme caution. Concomitant administration with opioid analgesics, general anaesthetics or other sedatives, hypnotics and CNS depressants may show an additive effect
Precautions Administer with caution in patients with impaired respiration, renal or hepatic function. Safety for use in myocardial infarction has not been established
Side effects Sedation most frequently seen. Less frequent are sweating, nausea, vomiting, dizziness and headache
Packs 10 × 2ml ampoules (£11.60 basic NHS)
Supply restrictions Prescription only
Issued September 1983

Bronchodil Respirator Solution

Manufacturer Keymer Pharmaceuticals division of Schering Chemicals Ltd. The Brow, Burgess Hill, West Sussex
Description Aqueous colourless respirator solution of reproterol hydrochloride 10mg per ml
Indications Reversible airways obstruction
Dosage 10 to 20mg (1ml to 2ml) diluted in 3ml sterile, normal saline given over 10 minutes by intermittant positive-pressure ventilation in oxygen enriched air or by suitable nebuliser. The dilution and duration of administration may be adjusted to suit the nebuliser. Although no clinical trial data is available for use in children experience with Bronchodil tablets elixir and aerosol indicates the solution can be used for children by reduction of the adult dose in proportion to the child's weight according to established principles
Contraindictions, warnings etc as for other preparations of reproterol
Pharmaceutical precautions Solutions in nebulisers should be replaced daily
Packs 50ml bottles (£4.70 trade)
Supply restrictions Prescription only
Issued September 1983

Influvac sub-unit vaccine

Duphar have introduced Influvac 'flu vaccine for 1983 reformulated as a sub-vaccine. This means the vaccine will be less reactogenic and can be given to children of four years and over, says the company.

The strains contained in this year's vaccine are: A/Philippines/2/82 (H_3N_2), A/Brazil/11/78 (H_1N_1), B/Singapore/222/79. Presentations and basic NHS prices (ex VAT) are: single dose disposable syringe (0.5ml) £2.75, single dose ampoule £2.75, 10 dose vial (5ml) £25.13 and 50 dose vial (25ml) £118.88. *Duphar Laboratories Ltd, Gaters Hill West End, Southampton SO3 3JD.*

Vascardin repacked

As from October 1 Vascardin 100 × 10mg pack will be deleted and replaced by a 250 × 10mg pack (NHS price £3.60). *Nicholas Laboratories Ltd, 225 Bath Road, Slough SL1 4AU.*

TRIED AND TESTED ETHICAL

Here indeed, is a breakthrough in the relief of pain that every pharmacist will welcome.

For more than fourteen years, ibuprofen has been prescribed worldwide. It has been the drug of choice of many doctors for chronic rheumatic conditions and a variety of other painful conditions. It has been proved to be successful in the treatment of headache, migraine, period pain and dental pain. Its safety record is unrivalled. Its efficacy undisputed.

Now, because of its proven reliability, ibuprofen, under the brand name NUROFEN, has been granted a license for sale over the counter in pharmacies only.

Approved indications include the relief of:

HEADACHE, MIGRAINE, COLDS AND FLU SYMPTOMS, PERIOD PAIN, RHEUMATIC AND MUSCULAR PAIN, BACKACHE, DENTAL PAIN.

You can recommend NUROFEN to your customers safe in the knowledge that even in regular use, it is gentler on the stomach than aspirin, more effective in reducing inflammation than paracetamol and a highly efficient analgesic.

NATIONAL TELEVISION LAUNCH £1,400,000 IN 12 WEEKS

Our imaginative TV commercial dramatising the medical breakthrough that brings NUROFEN to your customers will spearhead the launch this Autumn.

THE BREAKTHROUGH THAT RELIEVES LOCKED-IN PAIN

That's the theme that sums up superbly the benefits of NUROFEN as a treatment not only for headaches but many kinds of locked-in-pain.

GOES OVER THE COUNTER

AUTHORITATIVE EDITORIAL BACK UP

The editors of the leading TV and RADIO STATIONS, NEWSPAPERS AND MAGAZINES are now being called to press conferences. Press coverage is assured for this important advance in self medication.

SUPERB PACKAGING AND DISPLAY

The silver pack with its target symbol reflects the modernity and sophistication of the product. Dignified eye catching display.

NUROFEN IS NOT ONLY A BREAKTHROUGH IN PAIN RELIEF, IT SYMBOLISES THE GROWING IMPORTANCE OF THE PHARMACIST IN COMMUNITY MEDICINE

Now customers will be asking you for new NUROFEN. You can recommend it confident in your experience of it's heritage as a safe, effective and fast acting analgesic.

NUROFEN

A BREAKTHROUGH IN PAIN RELIEF

Stocks available from your wholesaler or Crookes representative.

Two counter-measures against diarrhoea.

New handy packs for counter prescribing from Janssen.

For further information is available on request from:
Janssen Pharmaceutical Limited, Janssen House, Chapel Street, Marlow, Bucks SL7 1ET.
Tel: Marlow (06284) 71744 Telex: 847788

PRESCRIPTION SPECIALITIES

Continued from p517

Exirel capsules and syrup

Exirel capsules (pirbuterol) in 10mg and 15mg strengths will be replacing the tablets in early October. Pfizer are also introducing a syrup into the formulation range.

The 10mg capsule has a turquoise body and an olive cap printed "Exirel 10" and "Pfizer" (100 capsules £2.38 basic NHS price). The 15mg capsule has a turquoise body and a beige cap printed "Exirel 15" and "Pfizer" (100 capsules £3.56). Orders for tables will be filled with capsules, which are bioequivalent, say Pfizer.

The syrup is a clear colourless to pale yellow liquid containing 7.5mg/5ml pirbuterol as the hydrocholoride (150ml £1.70). For adults and children over 12 years the recommended dosage is 10-15mg to be taken three or four times a day. For children between six and 12 the dose is 7.5mg four times daily. Exirel is indicated for the treatment and prophylaxis of bronchial asthma and bronchospasm. Supply restrictions: POM. *Pfizer Ltd, Sandwich, Kent.*

ICI square off

ICI Pharmaceuticals are replacing all existing rigid aluminium tubes used for tablets and capsules, with new square-shaped plastic containers.

There will be five container sizes covering the whole range of tablets and capsules (excluding those currently packed in foil strips, eg. Nolvadex and Nolvadex-D tablets, and the calendar packs of Inderal LA and Inderex capsules). The new packs will offer better storage and stacking facilities on the pharmacy shelves, say the company.

The changeover will be phased, commencing with child resistant packs of Inderal. Production using the new plastic containers has already started, and the first will be delivered against orders in September/October. Thereafter, the changeover will be gradual and phased over several months.

The quantities per container will remain unchanged and the existing price structures will continue to apply. *ICI Pharmaceuticals Division, Alderley Park, Macclesfield, Cheshire SK10 4TF.*

Phasal availability

Technical difficulties with Phasal tablet (lithium carbonate) production have resolved and the product is now available from wholesale suppliers. *Pharmax Ltd, Bourne Road, Bexley, Kent DA5 1NX.*

Sugar-free Ventolin

Ventolin syrup has been reformulated. It is now available as an orange-coloured and orange-flavoured, sugar-free formulation; the concentration of salbutamol sulphate (2mg per 5ml dose) remains unchanged. It will continue to be available in bottles of 150ml and 2 litres and will be labelled "new formulation". Prices are unchanged.

Because of the extensive use of the syrup Allen & Hanburys anticipate the changeover to the new formulation will be fairly rapid. However, they ask pharmacists to advise patients, familiar with the old formulation, of the changes of colour and flavour. *Allen & Hanburys Ltd, Horsenden House, Oldfield Lane North, Greenford, Middlesex UB6 0HB.*

■ The product licence for Sandimmun (cyclosporin) has been extended to include use for kidney, liver, pancreas, heart and heart-lung transplantation. *Sandoz Products Ltd, PO Box Horsforth No 4, Calverley Lane, Horsforth, Leeds LS18 4RP.*

■ Physeptone injection, 100 × 1ml, will be supplied in Wellcome (rather than Calmic) image packs for approximately six weeks. *The Wellcome Foundation Ltd, Crewe Hall, Crewe, Cheshire CW1 1UB.*

MARKET REPORT

Adults major users of baby toiletries say Mintel

Although there are fewer babies, the £50m rsp market for baby toiletries is increasing — thanks to their use by adults, says a Mintel report issued this month.

The "wholesome" image of baby toiletries is becoming much more important to adult users. Baby soap is less harsh than ordinary toilet soaps, baby shampoo is milder, baby lotion becomes a skin cleanser, suggest Mintel. The fall in the birthrate to 720,000 from 906,000 a dozen years ago is compensated for in the baby toiletries industry by, for instance, 78 per cent of the £4.5m baby soap market being used by adults, and 80 per cent of the £5.2m spent on shampoo.

Liquid bath additive has doubled its sales for babies in the past two years. However, it still managed to concede 55 per cent of sales to adults. Babies enjoy only 24 per cent of the £6m baby lotion sector. Baby powder goes to 82 per cent of adults; baby oils to 75 per cent. Even zinc and castor oil cream, which is usually used for nappy rash, has a 40 per cent adult market for its £5.5m turnover.

Boots dominate

On purchasing, Boots' outlets dominate for the upper income groups, older people and housewives without children. Next come grocers and supermarkets, which are more important than other chemists — particularly for younger housewives and those with children, who presumably buy toiletries with their regular shopping.

Advertising of these products jumped from £2m in 1980 to £4.2m last year, and looks set to increase still further, say Mintel. Almost 70 per cent comes from just two companies — Johnson & Johnson, and Richardson-Vick with the Milton range. A long way behind are Maws and Sterling Health.

For the future, Mintel see expansion among the wide range of users, with the babies playing a greater role. The birth rate is rising again, and mothers of planned and later-in-marriage children are willing and able to spend more on them once the initial expenses of setting up home have been met, says the report. But with the domination of most product sectors by two suppliers — Johnson & Johnson and Boots — there is little opportunity for smaller manufacturers other than at the premium end of the market, say Mintel.

However, the success of Richardson-Vick's Milton Infa-Care in the growing bath additives market, and the number of new entrants in the relatively new and still innovative category of pre-moistened wipes, shows that there are still opportunities to be discovered and exploited. But Mintel warn that major advertising is essential, and only the large companies can afford the necessary investment.

Mintel Market Intelligence Report on Baby Toiletries. Available on subscription from *7 Arundel Street, London WC2R 3DR.*

Ever Ready challenge Duracell with Gold Seal range

Ever Ready have launched a new range of long-life batteries designed to win back ground lost to Duracell.

There are five batteries in the alkaline Gold Seal range, covering all the most popular sizes.

They are the LR6 (equivalent in size to the HP7), LR20 (HP2), LR14 (HP11), 6LF22 (PP3), LRO3 (HP16). Retail prices are in line with those of Ever Ready's current MN range. Livery for the range is in dark red, gold and black. All batteries are blister packed.

Six years of research have allowed Ever Ready to develop a new, thinner insulating cover for the Gold Seal range. This gives greater capacity within the cell, allows for inclusion of more active material, and hence offers longer life. In this way, a 1.6 per cent increase in cell diameter (keeping the range within international standard sizes) gives 10 per cent more space within the cell.

Independent tests commissioned by Ever Ready show the three most popular Gold Seal batteries as lasting between 8 and 11 per cent longer than comparable Duracell batteries in appliances such as cassette recorders and electronic games.

The LR20 actually recorded 22 per cent longer life in a cassette recorder in one test. However, Ever Ready marketing director Peter Bonner says the company will not "resort to Duracell's tactics" by promoting the range on this basis.

Gold Seal will receive £3.5m worth of support in the next few months, both above and below the line. Spearheading the campaign is a new television commercial emphasising the batteries long life in cameras, games and sound equipment. The 40-second commercial breaks in early November and runs through until the end of January 1984. A campaign in the consumer photographic Press begins on November 28.

The five models in the Gold Seal range cover all the most popular battery sizes

Point of sale material includes floor and counter stands plus a variety of stickers, header cards and so on.

A consumer competition has also been organised, giving Gold Seal purchasers the chance to win one of 20 six-piece sets of electronic equipment comprising a radio-controlled Porche 935, radio/cassette player, computer chess game, Pentax ME Super camera, and Sony Walkman and Watchman. Three hundred gold sovereigns are available for runners-up. The competition involves no administration for the retailer, and runs until December 31. A leaflet covering the new range is available from Ever Ready's power advisory service.

"What we have here is a state-of-the-art alkaline battery "says managing director Mike Johnson "and we don't intend to be second in the marketplace." *Ever Ready (GB) Ltd, Berec House, 1255 High Road, Whetstone, London N20.*

Customers to share Cannon success

Cannon are including an extra universal teat with their 8oz (250ml) and 4oz (125ml) polycarbonate feeders. The cartons are flashed with the "free teat" message and the rrp is £0.95 for the 8oz (250ml) feeder and £0.85 for the 4oz (125ml) feeder.

The company has also reduced the price of the Babysafe 3 nu-flo teat blister pack from £0.79 to £0.75.

"The response of the public to the nu-flo teat launched with the 40ml feeder has been overwhelming," says the company. "Because of its popularity we have decided to pass on part of our success to the consumer and have priced the teats accordingly."

The nu-flo teats are also interchangeable with the 8oz (250ml) and 4oz (125ml) feeders. *Cannon Rubber Ltd, Ashley Road, Tottenham, London N17.*

Hibitane display

A new "counter display" outer of Hibitane lozenges, which will contain 20 × 20s tubes instead of the present 12 × 20s tubes, is being introduced by ICI Pharmaceuticals (trade price £4.80 per 20 × 20). *ICI Pharmaceuticals Division, Alderley Park, Macclesfield, Cheshire SK10 4TF.*

Autumn activity from Combe

Counter displays units for Odoreaters, Grecian 2000 and Seabond have been introduced by Combe. For Odoreaters Combe have introduced a mixed unit containing six pairs of each variant and are running a "Buy two get one free" consumer offer and there is an extra 15 per cent trade discount. An advertising campaign is scheduled to appear in the popular press.

A press campaign is scheduled for Grecian 2000 and advertisements for Lady Grecian will appear in selected women's magazines. A unit holding eight Lady Grecian lotion, and two of each of the Lady Grecian and Grecian cream will carry a 35p off next purchase offer.

Seabond will also be promoted with a display unit holding six packs each for upper and lower dentures and there will again be a national Press campaign for this and Lanacane. On the latter there is a trade discount of an extra five per cent and the first 1,000 retailers purchasing the 30g and 60g sizes will receive a free wall mirror. Distributors are *Nicholas Laboratories Ltd, 225 Bath Road, Slough, SL1 4AU.*

£¼m campaign for younger Matey

Matey bubble bath gets a facelift this Autumn, with new looks for Matey and Miss Matey. They are joined by a new M8E robot character.

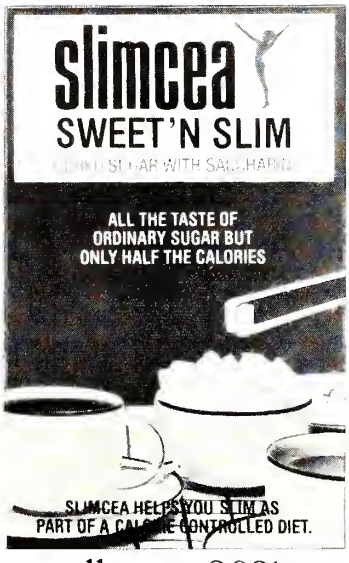
A new television campaign featuring all three characters will appear for three weeks from October 17. The £250,000 campaign coincides with the half term holiday to ensure the commercial is seen extensively by children. The advertisement depicts Matey and Miss Matey taking off into outer space only to end up being rescued by M8E from a bubble planet.

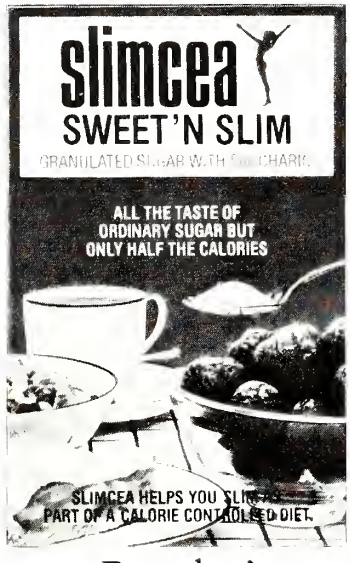
The Matey sailor image has been updated to make him look younger while Miss Matey now has a pink bottle. *Nicholas Laboratories Ltd, 225 Bath Road, Slough SL1 4AU.*

Change of name

Newton Chemical's antacid tablets have been repackaged (20 tablets £0.89 rrp) and will now be known as Premiums. Distributed by *Farillon Ltd, Bryant Avenue, Romford, Essex RM3 0PJ.*

If you don't like the taste of saccharin, or the calories of sugar, you know where you can go.





Slimcea Sweet'n Slim has only half the calories of sugar, but it's already got well over 80% of the granulated sugar substitute market in the grocery trade.

At last Sweet'n Slim is available to chemists, and that's where 85% of the entire sweetener market is.

We'll soon get the same percentage of your market so missing out on it would really leave a nasty taste in your mouth.

But don't worry you can now get Slimcea Sweet'n Slim through CHEMIST BROKERS (a division of Food Brokers), with some fat introductory trade bonuses during September and October.

Now you know where to go, you can really start putting on the pounds.

CHEMIST BROKERS, MILBURN, COPSEM LANE, ESHER, SURREY. TEL: (0372) 66891.

Products unveiled in Sassoon range

Three hairdryers, two styling brushes and a facial and body massager make up the Vidal Sassoon personal care appliance range (*C&D*, August 13, p256) which is to be supported by television and women's Press advertising. Two further appliances are to be added to the range.

The initial range comprises a 1200 lightweight hairdryer which has two heat and speed settings and a blow dry nozzle. In a soft goosedown finish it retails at £9.95. For an extra £2 there is the 1500 hairdryer in a china peach finish, again with two heat and speed settings and a blow-dry nozzle.

Described as the very latest in hair technology, 1500 Controlair has two switch positions, a blow dry nozzle and a dial enabling the user to control the heatflow. The control can be turned up high as the hair is wound onto the styling brush and the heatflow reduced as it is brushed through. Controlair will retail for £15.95.

Soft bristles to protect the hair, yet easy removal for cleaning, together with a rotating handle are features incorporated in the Twist 'n' Style brush (£7.95) while interchangeable brush and tong attachments are available on the Twist 'n' Style set. Finally with two speed settings and four attachments for facial and body toning, massaging and cleansing and removing rough skin, the Vidal Sassoon skintone (£9.95) comes, batteries included, in a free cosmetic bag.

Television and women's Press advertising will support 1500 Controlair and Skintone from mid-October. Packaging for all six lines comprises silver boxes carrying the Sassoon logo. An eight-page booklet, *The Art of Looking Good,* will be available for in-store distribution. *Melcham Ltd, 52 Morley Road, Tonbridge, Kent.*

Both Mr Ross Peers, MPS, (second right) and Katheline Potter (right) receive their prizes for winning the Denim window display competition. Mr Peers and his wife Jane (second left) of Parry & Large, King Street, Thetford, Norfolk hold tickets to the Italian Grand Prix in Monza — presented by Doug Hislop, Elida Gibbs area manager. Mrs Potter is to spend a weekend in Paris as a thank-you present from Parry & Large for having designed and assembled the award winning display

Feverscan's at Chesterfield

Robinsons of Chesterfield have purchased the Feverscan forehead thermometer from Rolenworth and are now responsible for the manufacturing, distribution, sales and marketing. They anticipate they will more than double sales in the next 12 months and say a major advertising and public relations campaign is planned. *Robinsons of Chesterfield, Wheat Bridge Mills, Chesterfield, Derbyshire.*

Shopping prize for a shopper!

First prize in a consumer competition in support of Endocil's skin care range is a London shopping spree worth £900.

The winner is offered a new hair style from the Stephen Way salon worth £50, clothes from Russell and Bromley worth £100 and a choice of a nine carat gold bracelet from Tessiers to the value of £250. A chauffeur driven Rolls Royce will collect and return the winner to her home. For lunch a meal for two at the Ritz and costing £100 is prepared. There are 50 runners up prizes of the complete Endocil range also to be won.

To enter three questions and a tie breaker sentence must be answered. Show cards are available and entry leaflets can be obtained at POS. A further £200,000 is being spent on an advertising campaign for the entire range in the leading women's Press throughout the Winter months.

Entry forms must include one Endocil pack-end. The closing date for the contest is November 14. *Chefaro Proprietaries Ltd, Science Park, Milton Road, Cambridge.*

Cookie line-up

Holly Mill are introducing two new varieties of crunch cookies to extend the range — Honey Bran Cookies and Original Farmhouse Cookies (150g pack, £0.37). These two new wire-cut crunchy cookies have a "hand-baked" appearance and will replace the two existing Holly Mill biscuits — Original Farmhouse biscuits and Natural Bran biscuits.

Holly Mill have also produced an economy pack of Carob Chip bars. They are now availalbe in handy cartons of five at £0.75. *Health & Diet Food Co Ltd, Seymour House, 79 High Street, Godalming, Surrey GU7 1AW.*

Sodamaster update

Sodamaster have updated the packaging and display units for the ISI range of soda syphons, cream whippers and gas bulbs in time for Christmas.

The new packaging now comprises cartons with colour pictures of drink and recipe ideas. Displays units are more compact for use in restricted space. The unit has two facings and carries recipe booklets offered free to consumers.

Several other steps by the company to extend its coverage of the retail chemist market include a network of sales agents selling direct to chemists and distribution from leading wholesalers.

Retail prices range from 25p per gas bulb to £18 for cream whippers. Plans for Christmas advertising in the leading women's Press are not yet finalised. *Sodamaster, 8 Bury Road, Hatfield, Hertfordshire.*

Sodamaster's updated packaging and display units

Dior fill gap in perfume market

To cater for the modern fragrance user and fill the gap between eau de toilette — traditionally used generously — and perfume — used sparingly — Dior have introduced esprit de parfum in the Miss Dior, Dioressence and Diorissimo fragrance ranges. Prices range from £18.50 for a 30ml spray to £36 for a 75ml spray in the Miss Dior and Diorissimo ranges and from £22 to £43 for Dioressence. *Parfums Christian Dior (UK) Ltd, Avis Way, Newhaven, East Sussex BN9 0EB.*

Why we will play an important part in your future

New pharmacy-only products

have been developed to meet the genuine needs of your customers by Bristol-Myers, one of the world's top ten pharmaceutical companies.

Marketing and media muscle

will ensure that your customers are made aware that these new products are available exclusively through their local pharmacy.

A valued member of the community health team,

you have the full support of Bristol-Myers Pharmacare, totally committed to getting a balance of brand development, training and promotion that will help your business to grow.

PHARMACARE
BRISTOL-MYERS
PHARMACARE

BRISTOL-MYERS
PHARMACARE*

Bristol-Myers Pharmacare, Bristol-Myers Pharmaceuticals, a division of Bristol-Myers Co. Ltd., Station Road, Langley, Slough SL3 6EB. *Trademark, Authorised User Bristol-Myers Co. Ltd. © 1983 Bristol-Myers Co. Ltd.
PMC01

Tixylix relaunched as OTC flagship

Tixylix is being relaunched to position it as the flagship brand in the May & Baker OTC division.

Advertising support will appear in the women's Press and on national television. The company argues that Tixylix with its positioning as a night time cough remedy specially formulated for children is a prime candidate for OTC development. Packaging is seen as more commercial yet still serious and medicinal, featuring a young child sleeping with the copyline "Tixylix, soothes children's coughs to sleep".

Colour advertisements are scheduled to appear in *Good Housekeeping, Living, Parents, Mother & Baby, Home & Freezer, Mother* and *Family Circle* throughout November and December. In the New Year a £600,000 national television campaign is scheduled to run throughout January and February reaching an estimated 87 per cent of mothers with young children. While retail price is unchanged at £1.24 a blackcurrant flavour replaces the original variant. A leaflet dispenser is available for POS and the company is to increase its salesforce by two — appointments are to be announced shortly. *May & Baker Ltd, Dagenham, Essex RM10 7EJ.*

Numark competition: California dreamin'

October will see the beginning of a major double feature promotion from Numark Chemist under the banner of "Golden Winners," with a first prize worth £4,500 of a trip for two to California.

The first part of the consumer competition will run in-store from October 10-22, and all competitors have to do is to match a number of Olympic gold medal winners with the events in which they won their medals and complete, in no more than 15 words the sentence: "Numark is a winner for me because....."

Other consumer prizes include two Panasonic VHS video recorders each worth over £500 as second prizes 30 runner-up prizes will be similar to those offered in the consumer competition.

Additionally for Numark members there will be a Numark/Kleenex lucky draw with 15 prizes of Dewhurst meat/poultry vouchers, each worth £40.

Included in the merchandising kits will be "Shopper Stopping" Numark merchandising materials, free stick-on badges for the children and a supply of competition entry forms.

Golden Winner superbuys include Heinz baby food cans, Paddi Cosifits, Poly Tint, Poly Colour, Savlon liquid, Harmony hairspray, All Clear shampoo large (plus free standard size banded), Radox bath salts, Lucozade, Contour cartridges, Tampax, Glints, Macleans toothpaste, Kleenex for Men, Super 3, regular, pocket pack — six packs for the price of four, Boutique, Wild Life and Maxi-dri, Atrixo cream, Dextrosol, Erasmic Superfoam, Chupa Chubs, Johnsons baby lotion plus a free 120ml baby bath with the 285ml size, Silkience shampoo, Brutt 33 antiperspirant, deodorant and double protection, Andrex, Zest and Delrosa vitamin C health drink.

All superbuys will be advertised in the *Sun, Daily Express, Daily Mail, Sunday Post, Woman's Own,* selected local papers and on Ulster television.

Optional extras include Triadol, Blisteze cream, Dentinox teething gel, Angiers junior aspirin, Strepsils, Karvol capsules, Zubes, Halls Mentholyptus, Codis, Milk of Magnesia and Otrivine. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wiltshire BA12 9JU.*

Philips' second battery Ladyshave

Philips Small Appliances have added a second battery model to the Ladyshave range. The lightweight HP2220 (£7.95) appears in dusky rose with a choice of cutting or shaving heads.

Launch of the new shaver has been timed to coincide with the run-up to Christmas, and national consumer Press support is promised.

During September retailers buying 12 Ladyshave cordless will receive one free. On-pack and money back offers, demonstrators and POS material will also be available. *Philips Small Appliances, Drury Lane, Hastings, Sussex TN24 1XN.*

Young Man's Shaver

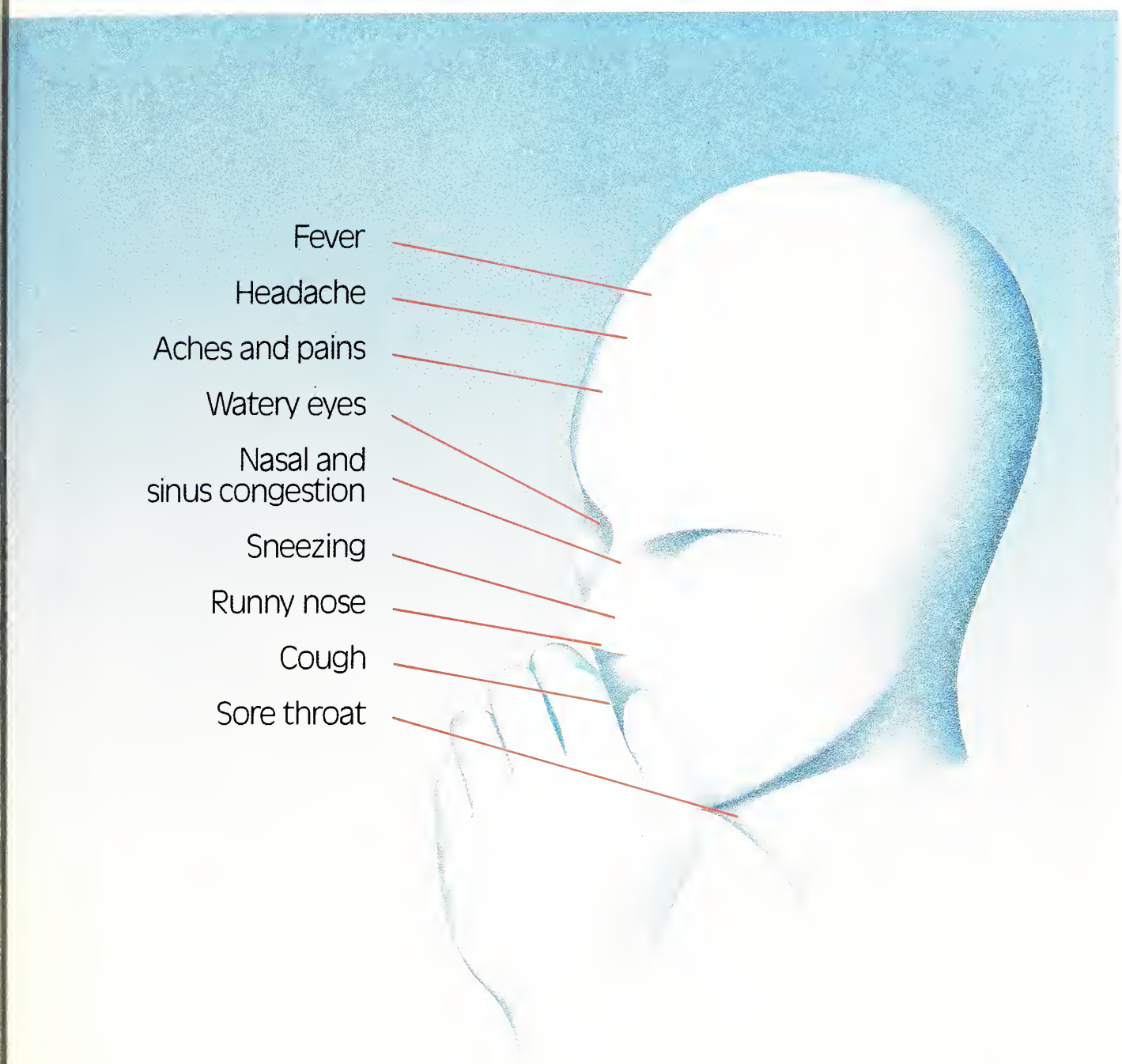
Remington's new Young Man's Shaver (£8) has a streamlined design and closed shaving head which the company says makes it "ideal for the first time user." The new shaver is blister-packed, takes a 1.5 volt battery and appears in black with red trim. Promotional support includes national advertising as part of Remington's Autumn campaign. *Remington Consumer Products Ltd, Apex Tower, High Street, New Malden, Surrey.*

ON TV NEXT WEEK

Ln	London	**WW**	Wales & West	**We**	Westward
M	Midlands	**So**	South	**B**	Border
Lc	Lancs	**NE**	North-east	**G**	Grampian
Y	Yorkshire	**A**	Anglia	**E**	Eireann
Sc	Scotland	**U**	Ulster	**Cl**	Channel Is
Bt	Breakfast Television			**C4**	Channel 4

Arrid antiperspirant deodorant:	Ln, WW
Bic razors:	All except U
Denivit:	Bt
Euthymol toothpaste:	Ln, all C4 areas
Joba range:	Ln,M,Y,Sc,A
Oil of Ulay:	All except A
Simple soap & skincare range:	Ln,M
Yardley ESP fragrance:	All except Ln,So
Recital:	All areas

André Philippe
Please write or phone for Coloured Brochure — Price List.
Sales-Home and Export-Ring 01-736 2194/736 2397
71/71b GOWAN AVENUE, FULHAM SW6 6RJ, LONDON, ENGLAND



A unique package of symptoms demands a unique package of relief

New Comtrex is a breakthrough from Bristol-Myers, one of the world's top ten pharmaceutical companies.

Comtrex is formulated to relieve all the major symptoms of coughs and colds and will receive full television advertising support.

Comtrex contains paracetamol to reduce headache, pain and fever, phenylpropanolamine HCl to clear sinuses and nasal passages and chlorpheniramine maleate which relieves sneezing and a runny nose with minimal sedative and gastro-intestinal side-effects.

With the highly effective antitussive, dextromethorphan HBr (selected as an alternative to codeine to reduce the risk of sedation), the Comtrex tablet adds up to a unique package of daytime relief. But Comtrex is also available in capsule and liquid form to suit your customers' needs at any time – day or night.

NEW

COMTREX*

BRISTOL-MYERS PHARMACARE*

Bristol-Myers Pharmacare. Bristol-Myers Pharmaceuticals, a division of Bristol-Myers Co. Ltd., Station Road, Langley, Slough SL3 6EB. * Trademark. Authorised User Bristol-Myers Co. Ltd. © 1983 Bristol-Myers Co. Ltd
COM 02

The Mentadent P pump, the newes
toothpaste dispenser since tubes, prov
the perfect amount of tooth paste.

Mentadent P is first again!
First with a gum health message, first wi
the handy pump dispenser!

And now, first with the comprehensiv
dental care range.

This exciting new Mentadent P range
includes unwaxed floss, an angled mirr
adult standard and small head brushes,
a child brush, interspace brush and plaqu
disclosing tablets.

Backed by £1m in advertising support
in the first six months, with posters
and press in 1983 and television in 1984, it
sure to stimulate a huge demand.

Especially since dentists have already
been priming their patients with exclusiv
distribution of two million items this yea

So get ready for an even bigger bite
of the dental care market.

Disclosing Tablets.
These new tablets dissolve r
rapidly so require less chew
Better tasting, too!

More money where the mouth is.

Adult Standard Brush. A unique, multi-tufted, brush for easy manoeuvrability. Also available, are smallhead and child brushes for smaller mouths.

Floss. New Mentadent Floss effectively removes plaque from between the teeth.

Mirror. Made of plastic with high standard mirror finish. New shape allows more visibility.

Interspace Brush. Specially designed with rounded filaments and angled handle for maximum plaque removal.

mentadent FLOSS
UNWAXED

GIBBS DENTAL DIVISION 5014

Range. Another first for Mentadent P. An entire easy-to-stock, easy-to-sell dental care range.

FROM THE BIGGEST NAME IN TOILETRIES. ELIDA GIBBS

Konica introduce SR and disc films

With the launch of the Konica SR series of colour negative films Konishiroku will phase out the Sakura film brand name. Changes will commence October 15. The SR range of colour films — SR 100, SR 200 and SR 400 — offer "significant technological advantages" says the company, "providing improved performance and quality". A Konica colour HR disc film is also being introduced to be used with the recently introduced Konica disc camera and similar cameras. Packaging is blue and is the result of research in France, Germany, America and the UK.

The Konica SR 100 colour film features extremely high image quality plus outstanding emulsion stability, the company says. The wide exposure latitude is a further product advantage, they add.

Sizes are for the SR100 are: 110-12, 110-24, 135-12, 135-24, 135-36, 126-12, 126-24 and 120; SR200: 135-12, 135-24 and 135-36 and SR400: 110-12, 110-24, 135-12, 135-24, 135-36 and 120. Retail prices are said to be in line with the Sakura range.

Konica is to replace the Sakura film brand name

The Konica HR disc film has ultra-fine grain and uses "cubic crystal" technology. This enables major improvements in the structure and the "mono-dispersion" properties of the silver halide crystals of the photosensitive emulsion, they say. *Konishiroku UK, Konishiroku House, 150 Hampton Road West, Feltham, Middlesex.*

Unican offer video and the odd pint!

Unican are offering a video recorder and free rental of one film a week for a year — plus enough beer concentrate for 365 pints of lager or bitter — to the consumer who finds the missing Unican pint in an on-pack promotion.

To win the home entertainment equipment, or one of five runner-up prizes of Atari video games centres and Pacman cartridges, the home brewer has to study an illustration of a sitting room scene and mark with an X the spot where he thinks the missing pint should be.

The nearest cross to the centre of the head of the missing pint will win the first prize. Five crosses can be entered on the illustration, with a further four crosses for every additional Unican beer label enclosed. Entrants sending two or more labels will receive a free set of two Unican beer mats.

The competition is to be featured on the 40 pint lager and bitter kits in-store until December. The entry form and illustration are printed inside the label. The competition closes March 31, 1984. *Unican Foods Ltd, Unican House, Central Trading Estate, Bath Road, Bristol BS4 3EH.*

Saft display their Christmas light

A triangular display unit which can also be folded out into a horizontal position is being introduced by Saft Products to promote their torches and headlamps for the Christmas period. The display comes complete with contents to the retail value of £16.20.

Counter dispensers and free-standing floor dispensers for the zinc carbon, alkaline and nickel cadmium rechargeable batteries, chargers and torches are also available. The units are made of black metal and are said to use the minimum of space. *Saft Consumer Products Ltd, Station Road, Hampton, Middlesex, TW12 2BY.*

Price freezers

Numark chemist price freezers for the last four months of 1983 include Bic disposable razors, Pears shampoo, Fresh and Dry antiperspirant deodorant, SR toothpaste, Curity Snugglers and Stick-on Lilia. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster.*

New products lead plans for 1984

Health & Diet Food Co have added six new products to their range of Food Supplement Company vitamins and diet supplements. "This is only the start of our aggressive plans for FSC in 1984," says sales and marketing director Gordon Amos, "part of which will include a £400,000 advertising budget".

Two new strengths of vitamin E come into a market worth around £10 million, says the company — a standard strength 250iu (50 capsules, £2.35) and a super strength 1000iu (30 capsules, £4.15). A trade deal will be available for the last three months of the year through Health & Diet representatives.

Super Calcium tablets are introduced by FSC at 200mg (100 tablets, £0.99) — they also contain vitamins A and D. Super Zinc tablets have been developed to meet a growing demand, particularly in the region of skin care, says the company. Each tablet contains 4mg of zinc together with added calcium and phosphorus (100 tablets, £1.50).

An economy size Blackstrap Molasses (150 capsules, £3.75) has been introduced to "meet the high demand" along with an economy size of the diet supplement sea kelp and potassium (300 tablets, £2.75). *Health & Diet Food Co Ltd, Seymour House, 79 High Street, Godalming, Surrey GU7 1AW.*

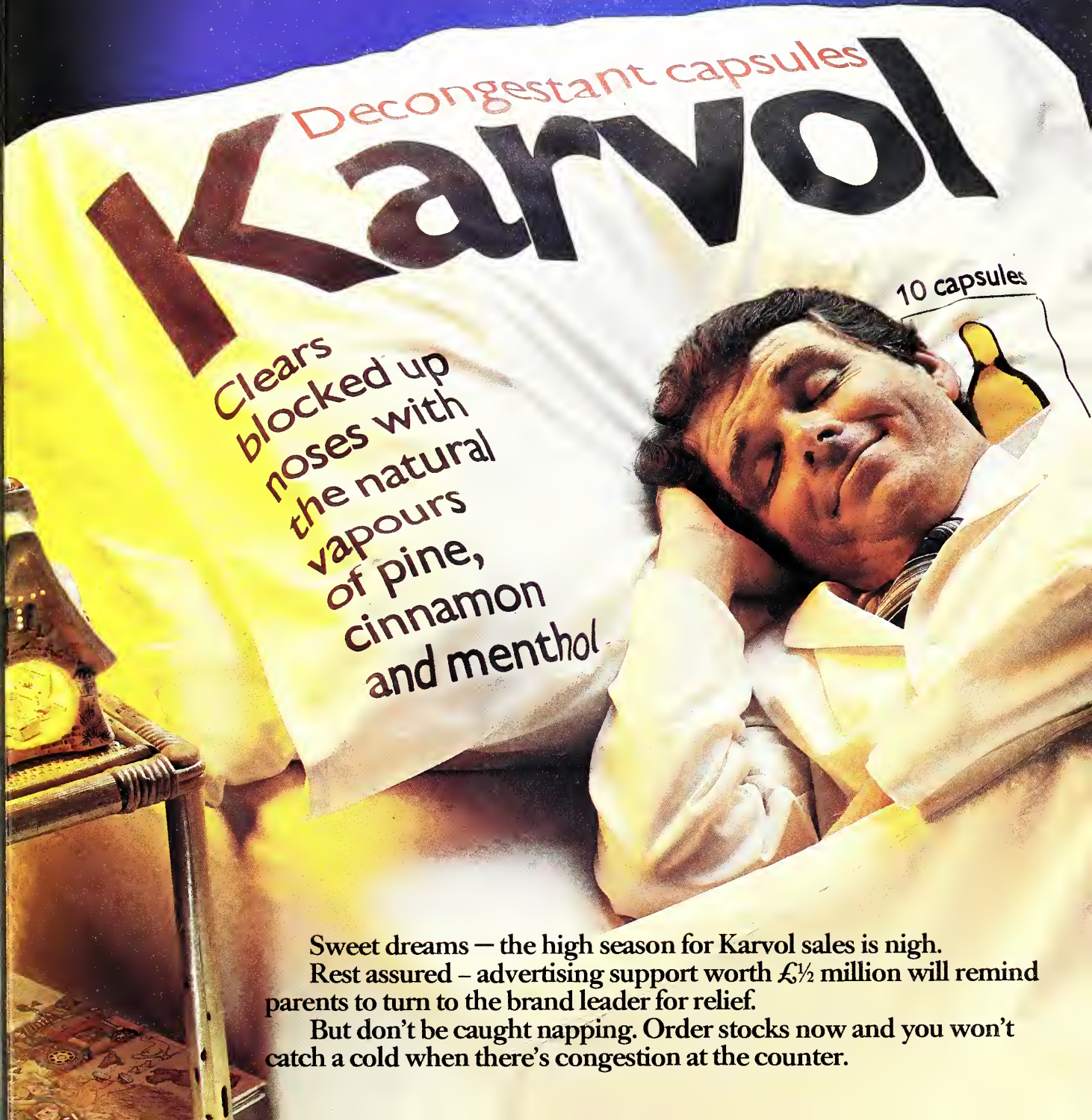
Radox freshens up with new packs

Nicholas Laboratories introduce a new look for Radox Showerfresh this Autumn. The update involves two new pack sizes and will be supported by a £250,000 national television advertising campaign from September.

The product is available in a 150ml 22-shower "handy" pack — ideal for carrying around in sports or travel bags, say Nicholas — and a 250ml "family" pack giving up to 36 showers. Each pack of Showerfresh has a hook top for storage and use in the shower.

Shower products fall into the fastest growing section of the toiletries market with over 25 per cent growth in the last year, the company says. Approximately five million British households now have showers and an estimated 500,000 new showers are being installed annually. *Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks SL1 4AU.*

Sleep as easily as your customers this winter



Sweet dreams — the high season for Karvol sales is nigh.

Rest assured – advertising support worth £½ million will remind parents to turn to the brand leader for relief.

But don't be caught napping. Order stocks now and you won't catch a cold when there's congestion at the counter.

Wellcome present a badge for BSHP president

During the conference history session the British Society for the History of Pharmacy was given a president's badge of office by the Wellcome Foundation Ltd.

The presentation was made in the Apothecaries Hall by Mr John Bowler, Wellcome's zone general manager for UK and Ireland. He referred to Sir Henry Wellcome's interest in assembling books and objects relating to the history of medicine and pharmacy and also mentioned that the Wellcome Trust annually devoted large resources to the history of medicine and pharmacy.

Although the BSHP has had an independent existence for 16 years, with a previous history as the Pharmaceutical Society's Committee on the History of Pharmacy going back 15 years earlier, its chairman and presidents never had any insignia or badge of office.

Apothecary design

The badge is the design of Dr Kevin Coates — it has as its centre a high relief model in 18 carat gold of the 14th century apothecary which forms the logo on the Society's publication, the *Pharmaceutical Historian*. The body of the badge is of carved glass of a faint greenish hue (a herbal reference), shot-blasted to give a smooth but frosted effect. At either side of the badge a ribbon of purple silk, suggestive of foxgloves, is mounted on silver sleeves with gold banding. A silver panel on the reverse records that the Wellcome Foundation Ltd presented the badge in 1983.

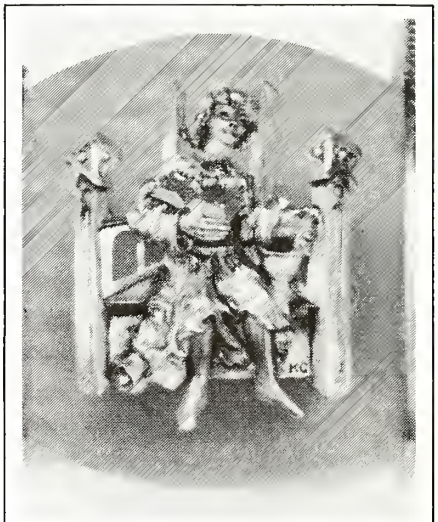
Mr Bowler said it was appropriate that Mr Leslie Matthews should receive the badge on behalf of the Society, for he was a founder member and the first chairman of the History of Pharmacy Committee of the Pharmaceutical Society in 1952. He is also a former director of the Wellcome Foundation and had worked with Sir Henry Wellcome. "In handing the badge to Mr Matthews, I wish to convey from the Wellcome Foundation of today our warmest and most heartfelt good wishes for the prosperous future of the British Society for the History of Pharmacy."

Wellcome's record

Replying, Mr Matthews said it was with extreme pleasure and deep thanks that acting for the BSHP he accepted the badge. The Wellcome Foundation had continued the interest of its founder in encouraging the study of the history of pharmacy. Some years ago there was the presentation of a mace to the Pharmaceutical Society and there had been many gifts to pharmaceutical organisations. "None, I venture to say, having the exceptional qualities and beauty of this elegant badge designed and fashioned by Dr Kevin Coates.

"The figure of the medieval apothecary depicted is enhanced by the use of modern techniques. In the same way pharmacy has advanced by drawing on the accumulated experience of the past. Mr Bowler, I can assure you that this badge will be long treasured," Mr Matthews said.

Mr Matthews then asked Dr Coates to assist him in investing Dr W. Court, the Society's president, with the badge. Dr Court said it was a privilege to wear the badge of office. He felt that Dr Coates could not have achieved a more appropriate design. He congratulated him on his work and thanked Mr Bowler and the Foundation for making it possible.

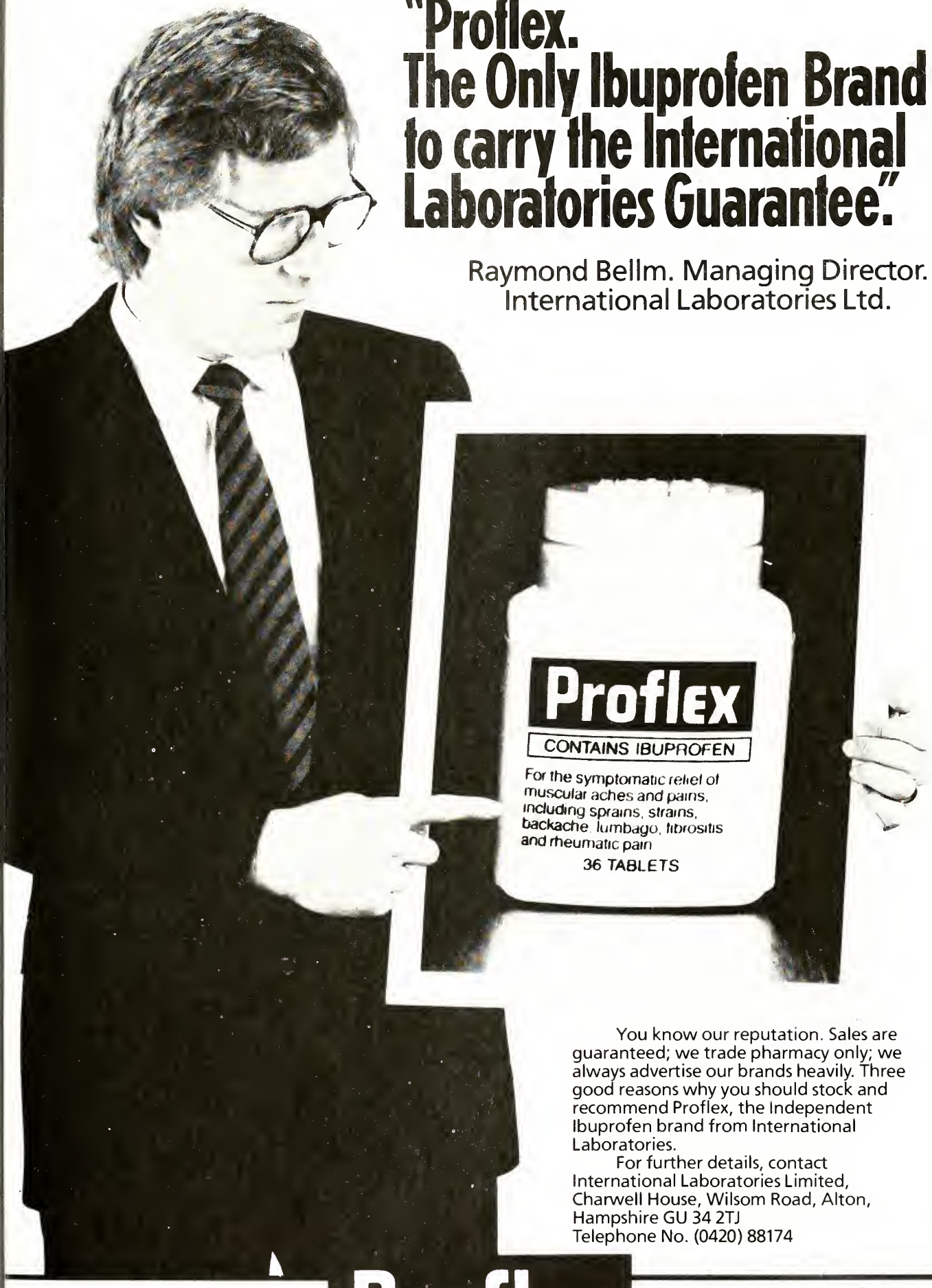


Detail of the face of the badge, showing the high relief model in 18-carat gold of the 14th century apothecary who forms the Society's logo

Left: Mr Leslie Matthews, first chairman of the Pharmaceutical Society's History of Pharmacy Committee, receives the badge from Wellcome zone general manager Mr John Bowler. Right: Mr Matthews joins badge designer Dr Kevin Coates (right) in the investiture of the British Society for the History of Pharmacy's president, Dr W. Court

"Proflex. The Only Ibuprofen Brand to carry the International Laboratories Guarantee."

Raymond Bellm. Managing Director.
International Laboratories Ltd.



You know our reputation. Sales are guaranteed; we trade pharmacy only; we always advertise our brands heavily. Three good reasons why you should stock and recommend Proflex, the Independent Ibuprofen brand from International Laboratories.

For further details, contact International Laboratories Limited, Charwell House, Wilsom Road, Alton, Hampshire GU 34 2TJ
Telephone No. (0420) 88174

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We're all ready to promote Vantage products and Vantage stockists with our biggest campaign ever. STARTS OCTOBER

- ★ Radio spots on no less than 43 independent stations including **your** local station to give you local coverage on a national basis.
- ★ 4 peak listening time spots broadcast simultaneously on every station during each week of radio advertising.
- ★ 19 spots broadcast during rest of week.
- ★ Half page ads in 'Daily Mirror' and 'Daily Record'
- ★ Full page ads in 'Bounty Baby Book' and 'Bounty Mother To Be Book'
- ★ Opportunities to place your own ads in local newspapers with artwork supplied by Vestric.

If you'd like to know more about the many opportunities that Vantage chemists enjoy, please send the coupon now.

Offers available 25th September - 31st October 1983. E&OE.

Vestric

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eturn to John Kerry, Marketing Manager,
ng Department, Vestric Limited, West Lane, Runcorn WA7 2PE.

PRODUCT			TRADE			R.S.P.		
			Normal Price	Vestric Price	Vantage Price	Normal Price	Vestric Price	Vantage Price
complan	Natural Flavour	24 x 450gm	32 43	29.04	28.56	1 69	1.39	1.37
Dr White's	Size 1	24 x 10	–	10.56	10.08	–	61	58
	Size 2	24 x 10	–	11.52	10 92	–	66	63
L'ORÉAL	Freestyle Mousse	12 x 45ml	8 26	6 88	6.79	1.10	.89	85
	Foam Set	12 x 75ml	11 95	9.96	9.82	1 59	1.29	1.23
		12 x 150ml	22 46	19 22	18.25	2 85	2.49	2.37
Gillette	GII Cartridges	20 x 5	17 56	14.65	14 11	–	.99	94
		20 x 10	31 59	26 35	25 38	–	1 79	1 70
Gillette Contour Shave Cream	Regular	12 x 200g	8 89	7.48	7 21	–	.86	83
	Cologne	12 x 200g	8 89	7.48	7 21	–	86	83
Hermesetas	Tablets	24 x 300	10 98	9.78	9 36	61	.51	49
		12 x 1200	16 11	14.43	13 80	1 79	1.50	1 44
Johnson's	Baby Shampoo	24 x 75ml	8 516	7.08	6.72	58	.41	39
		24 x 125ml	12 711	10.56	9 96	87	.61	57
		12 x 250ml	11 704	9.57	9.15	1 60	1.10	1.05
Marigold	Fleur Housegloves	12 x Small	6 2508	5.06	4 88	80	.58	56
		12 x Medium	6 2508	5.06	4.88	80	.58	56
		12 x Large	6 2508	5.06	4.88	80	.58	56
	Extra Housegloves	12 x Small	5.78	4.77	4.60	74	.55	53
		12 x Medium	5.78	4.77	460	74	.55	53
		12 x Large	5.78	4.77	4.60	74	.55	53
	Lhtw't Housegloves	12 x Small	4.65	3.63	3.50	59½	.42	40
		12 x Medium	4 65	3.63	3.50	59½	.42	40
		12 x Large	4 65	3.63	3.50	59½	.42	40
mentadent P	Toothpaste	12 x Lge	5.10	3.18	3.06	62	.37	.35
		12 x Econ	7 32	4.44	4.26	89	.51	.49
		12 x Fam	9 13	5.64	5.40	1 11	.65	.62
	Pump Dispenser	6 x 100ml	4 86	3.09	2 94	1 20	.71	.68
Pampers	All-in-One	12 x Mini	–	27.96	26.70	–	2.74	2.62
		12 x Norm	–	29.88	28.50	–	2.93	2.79
		12 x Sup	–	27.60	26.28	–	2.71	2.58
		18 x S/Plus	–	24.48	23.31	–	1.60	1.52
		18 x Maxi	–	26.82	25.83	–	1.75	1.69
	Carry Carton	3 x Maxi	–	20.19	19.29	–	7.92	7.57
		4 x Sup	–	26.92	25.72	–	7.92	7.57
		4 x Mini	–	26.92	25.72	–	7.92	7.57
Pears Shampoo	Dry	12 x Std	–	2.94	2.82	.57	.34	.32
	Greasy	12 x Std	–	2.94	2.82	.57	.34	.32
	Normal	12 x Std	–	2.94	2 82	.57	.34	.32
	Dry 25%EV	12 x Lge	–	4.08	3.90	.79	.47	.45
	Greasy 25%EV	12 x Lge	–	4.08	3.90	.79	.47	.45
	Normal 25%EV	12 x Lge	–	4.08	3.90	.79	.47	.45
Soft & Gentle Antiperspirant	Aerosol Blue	12 x Lge	–	8.34	7.95	–	94	89
	Green	12 x Lge	–	8.34	7.95	–	94	89
	Amber	12 x Lge	–	8.34	7.95	–	94	89
	Pink	12 x Lge	–	8.34	7.95	–	94	89
	Aerosol Blue	12 x Std	–	5.64	5.40	–	65	62
	Pink	12 x Std	–	5.64	5.40	–	65	62
	Roll On Blue	12 x	–	4.26	4.08	–	49	47
	Green	12 x	–	4.26	4.08	–	49	47
	Amber	12 x	–	4.26	4.08	–	49	47
	Pink	12 x	–	4.26	4.08	–	49	47
Supersoft Hairspray	Normal	12 x 200ml	7.88	6.30	6.03	1.03	.71	68
	Dry	12 x 200ml	7.88	6.30	6.03	1.03	.71	68
	Ex. Hold	12 x 200ml	7.88	6.30	6.03	1.03	.71	68
	L/Hold	12 x 200ml	7.88	6.30	6.03	1.03	.71	68
	Normal	12 x 125ml	5.35	4.20	4.02	68	.48	46
	Dry	12 x 125ml	5.35	4.20	4.02	68	.48	46
	Ex. Hold	12 x 125ml	5.35	4.20	4.02	68	.48	46
	L/Hold	12 x 125ml	5.35	4.20	4.02	68	.48	46
Shampoo	Normal	12 x 150ml	5.12	3.96	3.84	64	.46	44
	Greasy	12 x 150ml	5.12	3.96	3.84	64	.46	44
	Dry	12 x 150ml	5 12	3.96	3.84	64	.46	44
	Mild & Gentle	12 xz 150ml	5.12	3.96	3.86	64	.46	44
	Normal	12 x 75ml	3.41	2.70	2.58	43	.31	30
	Greasy	12 x 75ml	3 41	2.70	2.58	43	.31	30
	Dry	12 x 75ml	3.41	2.70	2.58	43	.31	30
	Mild & Gentle	12 x 75ml	3.41	2.70	2.58	43	.31	30
Once Shampoo	Normal/Dry	12 x 125ml	5.33	4.68	4.47	63	54	51
	Greasy	112 x 125ml	5.33	4.68	4.47	63	54	51
VANTAGE Available to Members only	Sterilizing Fluid	12 x 500ml	4 79	–	4.515	61	–	54
	Multivitamin + iron Tablets	12 x 30	4.22	–	3 87	69	–	–

BABIES DON'T JUST DRINK MILK.

AT LAST THE JUICE TEAT

Whether a baby is breastfed or bottle fed, by the time he is one month old he will both enjoy and benefit from regular juice drinks.

So what could be a more natural way to give juice to a baby than with his own special Juice Feeder?

And naturally the new Juice range is unique to Nursery. The very latest in the Nursery range of products by Griptight, the Juice range is poised to open up a refreshing new market opportunity for you.

The new Juice Teat is made from soft moulded rubber and is specially designed to cope with anything from diluted syrup to natural fruit juices and extracts. Hygienically sealed in see-through blister packs, they are supplied in outers of 15, giving you a colourful pop-up counter display.

There's a 125ml Juice Feeder too, attractively decorated with a fruit pattern so mothers can easily distinguish it from their milk feeders.

And probably the brightest idea of all! The Juice Trainer. Absolutely unique, the Juice Trainer attachment fits neatly onto the Juice Feeder and **simply takes the place of the teat,** giving a brand new drinking vessel that bridges that vital gap in the market between teat and training cup.

Cleverly shaped to fit the mouths of young babies, the Juice Trainer is designed to help babies progress in feeding development.

And mouthwatering new packaging will ensure that very soon mothers will be automatically asking for Nursery Juice products when they buy their baby drinks. It's only natural.

Talk to your wholesaler now. And get just a taste of the rich pickings to come.

AT LAST THE JUICE TRAINER

NURSERY
A RANGE OF PRODUCTS BY GRIPTIGHT

The Nursery range of products includes teats, nipple shields, feeders, soothers, disposables and baby wipes. Further details of all our products can be obtained from Karen Brazier, Customer Services, Lewis Woolf Griptight Limited, Oakfield Road, Selly Oak, Birmingham B29 7EE. Tel: 021-472 4211.

Professional Session

Drug wastage in elderly — an inner city problem

The dangers and waste of providing old people with a surplus of drugs is little less than scandalous, according to Mr David Hobman, director, Age Concern England.

Pharmacists could help by persuading local doctors to reduce dosages, he said in a paper presented during Wednesday morning's professional session on "Provision of a pharmaceutical service in inner city areas". This was just one of the ways he suggested pharmacists could meet the needs of old people.

Other speakers included a community pharmacist from Bradford who called for greater co-operation between pharmacists and doctors in educating the public towards healthier lifestyles.

The following is an extract of Mr Hobman's paper:

The pharmacist working in an inner city area has a crucial role within the network of preventive medicine and self-health care, upon which the comfortable survival of increasing numbers of elderly people depends. Whether he fulfils it or not is another matter. It depends partly on outside influences and perhaps, to some extent, on financial inducements. But equally important will be the attitude of the pharmacist towards his customers and the degree to which he feels a sense of responsibility for the social well-being of the community in which he lives, or from which he derives his income.

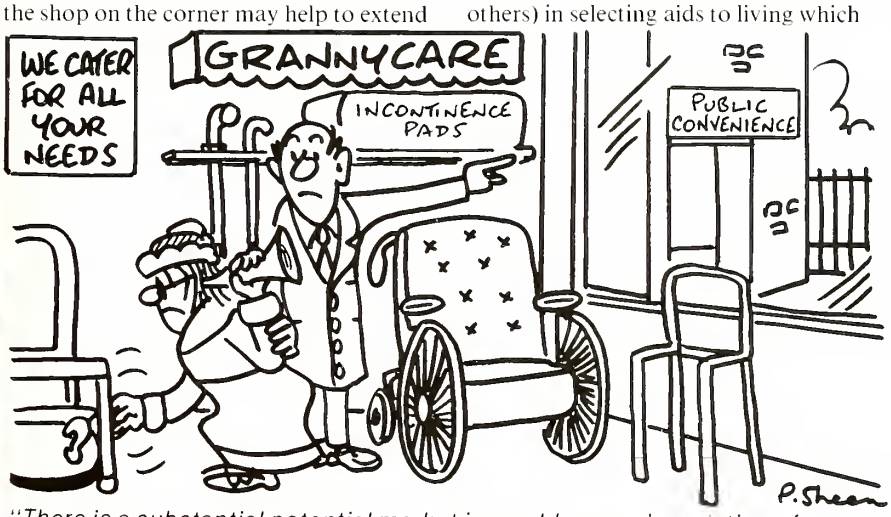
In return, the increased goodwill from the community should lead to increased business. Enlightened self interest is a perfectly legitimate tool of any trade, and long-standing customers who share a personal commitment to the survival of the shop on the corner may help to extend its active life.

Dr Mark Abrams, joint director, Age Concern England's Research Unit, is working on a study of about 800 people over 75 from four areas, of which one is in Moss Side, Manchester. While a relatively high proportion state that good health is the main requisite for a satisfying old age, less than 40 per cent of these claim that they enjoy it to "a great extent" and the average person claims to be affected by about six ailments ranging from rheumatism (58 per cent) and difficulty in walking, to incontinence and difficulty in passing water.

Fewer difficulties

Apart from breathlessness and depression, which scores highly in the inner city group, people living in this area tend to identify fewer difficulties than the others. In this depressed community, older people may be less conscious of their difficulties because they have learned the hard way to live with them for longer than those in areas of middle class suburbia. When older people have had more education, are more articulate, and are better able to describe their conditions, they have also been more used to receiving regular medical attention and of engaging with their practitioner on a basis of some social equality.

Many elderly people could be relieved by closer attention from their doctors and better advice from pharmacists (among others) in selecting aids to living which make it more convenient and more comfortable for them to function in the face of quite considerable difficulties. There is a substantial potential market in an old person's variation of Mothercare: At every age, we need specialised tools to help us live efficiently.



"There is a substantial potential market in an old person's variation of Mothercare"

Assuming that the neighbourhood pharmacist still exists within an inner city area, where an impoverished group of pensioners remain in housing of a lower standard than that enjoyed by many of their contemporaries, how can he help them?

The pharmacist could help in several other ways. Firstly he must organise his premises to make it easy for diffident people to ask what may be difficult and intimate questions. So long as he continues to perpetuate the myth that his work involves the use of pestle and mortar in some magical process which must be carried on out of sight with his back turned to the customer like an old-fashioned priest, this kind of encounter is unlikely to take place, especially when a young assistant is placed at the point of contact with a brief to sell toiletries and films, rather than help those who fumble for words to describe their symptoms. Some pharmacists have taken steps to reorganise their premises to make access more available, but most have not.

Helpful advice

If a range of simple handbooks were made available to older people, in the same way that the ante-natal and baby market has been promoted, a great deal of helpful advice could be transmitted in a language which people could absorb, so long as it was made clear that passages which were not fully understood or which led to further questions would be answered helpfully with a ready welcome.

Pharmacists who would give simple talks about drugs and aids at old people's clubs would perform a valuable service. Experience in the USA with monitored classes on self health care to women from low social and economic groups has confirmed that increasing knowledge about their bodily functions leads to the need for fewer and more satisfactory encounters with their doctors.

Clearly the pharmacist will enjoy a passing relationship with the local

Continued on p539

An important announcement on head louse eradication

The Right Approach

Carbaryl is the only human insecticide without a single reported case of louse resistance.

For head louse eradication, carbaryl is available in lotion and shampoo form. However, some people – especially those who cannot tolerate the pungent smell, or have a sensitive skin – find lotions unpleasant or impossible to use.

An effective and pleasant-to-use alternative to lotion treatments is Suleo-C shampoo with carbaryl. Incorrect use of insecticides, however, not only results in treatment failure, but may encourage the emergence of resistant strains of head louse.

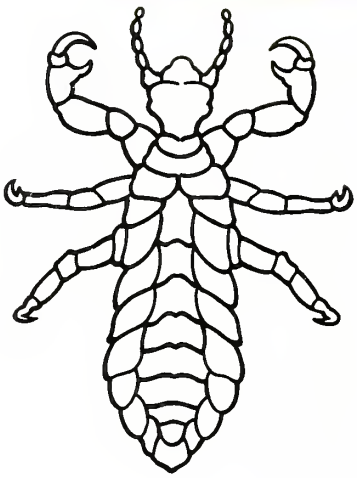
It is therefore vital that users be firmly encouraged to follow precisely the instructions in every pack of Suleo-C shampoo.

Crab lice *(Pthirus pubis)*

Suleo-C shampoo with carbaryl is equally effective in the treatment of crab lice – currently a relatively common problem.

SULEO-C shampoo

with carbaryl 0.5% w/w



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Continued from p537

Pharmacists and GPs to discuss drug trends and patient care?

doctors, but it seems reasonable to suggest there should be a much more regular and systemised series of encounters to discuss trends in new drugs, if not the details of patient care.

There can be no sphere of medicine or social provision for older people which is not enhanced when offered on a multi-disciplinary basis. No single professional group has a monopoly of the problem-solving process at its disposal, but far too little time is devoted to crossing professional boundaries. Most older people suffer from socio-medico-economic problems and effective treatment must take all these factors into account. A balanced diet is not a possibility for someone who cannot afford to turn on a gas cooker, for example.

It is not unusual for elderly people to be discharged from hospital with little or no preparation, or mobilisation of community resources, and without the transmission of key information about their treatment for a period during which there may be dual prescribing by both hospital doctor and local general practitioner. Here again, the pharmacist might well intervene to good effect.

Horror stories about the dangerous effects and gross waste of money spent in providing old people with a surplus of drugs are well known and often repeated. But nothing appears to be done to remedy what is little less than a scandalous situation..

'Pill-pushing'

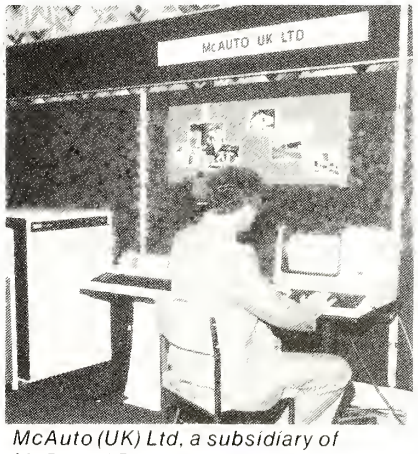
"Pill-pushing" among pensioners is a universal problem and it has been estimated that at least 10 to 15 per cent of hospital admissions to geriatric wards are the result of drug-induced diseases. It has also been suggested that the physician in geriatric medicine has become expert in knowing how to get old people off drugs. Nancy Tuft, writing in *New Age*, quoted a consultant who had recently taken part in a survey suggesting that it would be possible to improve the health of 25 per cent of the old patients admitted to his wards just by taking them off the mixture of medicines they were taking. Another consultant interviewed in that same survey suggested that once a patient is over 65 or 70, he will be put onto a drug with little thought of re-evaluating the situation.

It is known that non-compliance runs at between 25-30 per cent, and these figures are likely to be much above average when old people with limited education are involved. Surely pharmacists, who know this problem is to some extent being created by the GPs in their area, have a major responsibility to act firmly in attempting to reduce the frequency of dosage which is related directly to non-compliance.

The stories about old people who select which pills they are going to take in relation to their colours, or who exchange pills with their friends, are regarded as reflecting an almost inevitable state of affairs. They often did not understand the brief explanation in the consulting room and they cannot read the labels clearly. Perhaps a major rationalisation, as well as a substantial reduction in wasteful expenditure would follow the sensible policy of generic prescribing advocated by the Greenfield Committee?

But at the other end of the scale, old people suffer from a belief encouraged by many doctors that treatment of the diseases associated with old age can produce no response. This low expectation is often shared by old people themselves. They simply shrug their shoulders and return home without satisfaction, following a consultation which has done little to explore both the social and medical circumstances surrounding their lives.

Such circumstances are by no means limited to inner cities, but they may happen more often and with more serious consequences than in areas where there are other community resources to support the elderly and where their educational experiences and habits may have led them to ask and understand more than those whose lives have been clouded by deprivation. The neighbourhood



McAuto (UK) Ltd, a subsidiary of McDonell Douglas, came to the UK last year, and were exhibiting their RxCom hospital pharmacy system. The system provides for patient administration and medication profiles, inventory control, Controlled Drugs monitoring, labelling and productivity statistics

pharmacist could perform a vital role in both their interests and his own.

'Expand into health education'

Dr J. McEwen, King's College Hospital, a former chief medical officer, Health Education Council, said there was a growing awareness of the importance of prevention in primary care and he suggested that pharmacists should expand from an advisory role on medicines to a broad-based health education role.

He believed that a re-orientation by both professionals and the public was necessary, with an enlarged and integrated primary care team making full use of diverse professional skills. Patients needed to take a new approach to partnership in health care with professionals.

"For this we need an educational programme aimed at professionals and public, and a determination by those responsible for planning health care to ensure that policies are made which will lead to effective and co-ordinated prevention and health education at local and national levels," Dr McEwen said in his paper. "Health professionals must be active in supporting the change in public expectations and promote an understanding of the differing skills and functions of the practice team." Fortunately a new concern for health had been fostered by greatly improved education programmes in schools so that future generations were likely to be more able and willing to participate.

If the pharmacist was to assume responsibility for educating the public and other health professionals, new skills would be required at both undergraduate and postgraduate levels. There was also a need for close co-operation between the Royal College of General Practitioners and the College of Pharmacy Practice. The Health Education Council and Pharmaceutical Society had established an advisory group which would help co-ordination at national level.

The primary care continuing education unit, based at the Open University, could be one of the key developments over the next few years, he continued. It was hoped to include courses with an emphasis on prevention,

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Professional Session

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'Overcome professional and admin barriers'

family health and communication skills. Development of teams concerned with prevention and health education at district and regional levels in the NHS could be another major impetus.

The needs and opportunities were so clear and potentially so rewarding that it was imperative to overcome professional and administrative barriers to ensure an effective approach to health education in the areas of greatest need.

A pharmacist's view

Mr R. Hazlehurst, proprietor pharmacist, E. & M. Hazlehurst Ltd, Bradford, gave his views on how pharmacists could help solve some of the health problems of inner city areas. The following extracts are taken from his paper:

The hopes for primary health care and for health education put forward by Mr Hobman and Dr McEwen are laudable aims indeed, but they will require major changes in attitudes and the health service. Given sufficient effective health education for long enough, it is theoretically possible to eliminate the "self-inflicted" conditions, for example lung cancer, coronary and high blood pressure conditions, diet-related digestive disorders, tooth decay and so on. To do so, however, would eliminate the need for a large number of commonly prescribed and highly profitable medicaments, which would hardly be in the best interests of the pharmaceutical industry. Nor would such a situation be in the interests of almost any group within the so-called health care team. Each group would strive to maintain its own manning and salary levels as the work load reduced but we all know that, in practice, the government and people would not tolerate that for long.

The effects would reach far beyond the health service — the food industry would be significantly affected; change in demand for such things as milk fats and sugar would hit the processing industries and would mean alterations in farming patterns. We are ultimately contemplating, therefore, a change in the fabric of life comparable with the Industrial Revolution or the current technological revolution.

There must be many who would be willing to do their part in providing the service. Most of us are already practising a degree of health education, are delivering to the elderly and operating informal early warning systems. Unfortunately, the groups most in need are, again, those least likely to benefit from such voluntary schemes: a delivery to an old or handicapped person who lives in the squalor of a back-to-back slum or in the muggers' paradise of a high-rise tenament block is something none of us would relish. Most of Mr Hobman's hopes for formal pharmaceutical intervention with early-warning systems, home visits and so on, would need patient registration at pharmacies if they were to be made available to all. Similarly, health education advice is freely offered to those with whom the pharmacist finds it easy to converse; for the others, it is tempting and easy to fall back on leaflets.

Virtually everyone involved in health care is rewarded for work done, rather than for results achieved. The GP receives a capitation fee and the retail pharmacist has received the acknowledgement implicit in the Basic Practice Allowance, but neither of us is given any inducement to ensure that the treatment we supply actually works, for example, by ensuring that the patient understands and then complies with the instructions given.

Duration of treatment, multiple prescribing, and prescriptions written by ancillary staff are all bones of contention between the two professions and have given successive Health Ministers a strong hand in their negotiations, enabling them to adopt a divide-and-rule approach and putting pharmacy's representatives in the position of having to look over their shoulders at the doctors all the time.

The doctors have guarded jealously their right to prescribe without restriction. When will a government have the courage to admit that the presence or absence of prescription tax makes hardly any difference to the total cost of the Family Practitioner Service? Sooner or later an administration is going to have to control prescribing in some way, either by imposing generic substitution or by limiting quantities. All in retail pharmacy have seen the boxes and carrier bags full of often unopened containers which are returned when families of elderly people eventually clear out the house; many of us have seen the same sort of thing with Asian families, also, who do not know how to refuse the medicines they are prescribed, nor do they know what to do with them when they get them home.

If, for once, pharmacy and medicine could agree on a common approach to the provision of health education and, perhaps, of a care service for the elderly, then the two professions could present a strong lobby; particularly because it seems likely that any compromise reached between the two professions would be in the best interests of most patients. The Clothier Regulations should be an inspiration to us to pursue such an ideal: they certainly do not serve pharmacy as well as they might, neither do they

medicine, but they are a milestone in that they came about because the two professions reached a compromise.

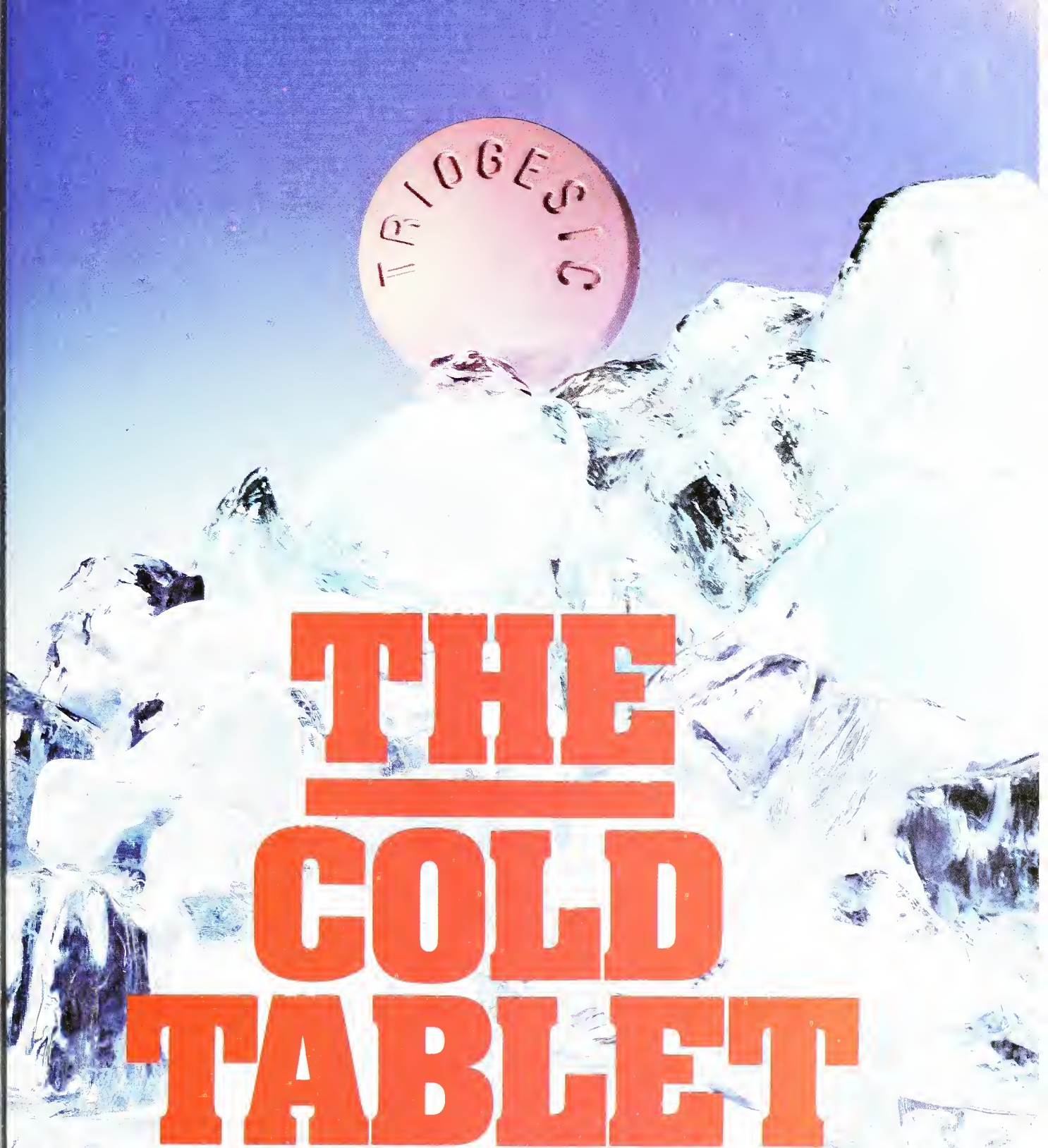
It will be a major task, however, to convince government and populus that money invested in the maintenance of good health rather than in trying to return people to it, is money well spent. It is not a good start to realise that the prevailing attitude to preventive medicine is epitomised by the fact that all the treatments for chronic bronchitis and lung cancer are available on the NHS, but that Nicorette is only available privately!

It will be worth fighting for, however, and I would urge Council to approach the doctors as equals with a view to discussing the provision of health care in its broadest forms. They should all, doctors and pharmacists, erase from their minds variations on the present system, but should start with a blank sheet of paper and as much lateral thinking as they can muster. Then, perhaps, we shall see the beginnings of a health — not a sick — service for the 21st century.

Discussion points

Part of the discussion centred on how pharmacists could persuade GPs not to overprescribe. Mr Hazlehurst said that the subject was usually taboo because doctors jealously guarded their prescribing rights. It was easier to broach the subject of individual patients and their needs because that implied a caring approach. He suggested that, if doctors in their training were made to realise the help pharmacists could give, there would be more opportunities for the two professions to enter into discussions. Trainee GPs from a local practice spent an afternoon in his pharmacy, giving him a chance to point out what they should and should not do.

Mr D. Coleman, deputy chairman, PSNC, thought that doctors may over-prescribe because many patients wanted the convenience of collecting several months' supply at a time and he asked for comments on how patients could be made aware of the dangers. Dr McEwen said that publicity campaigns had limited effects and they could perhaps be augmented by education at health centres, eg nurses or health education officers could be employed to discuss such problems with patients.



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Symposium Session

A cough and a splutter could spell asthma

Major errors in asthma treatment result from under-diagnosis and under-assessment, according to Professor T.J.H. Clark, professor of thoracic medicine, Guy's Hospital Medical School.

Correct diagnosis and proper assessment of the disease is most important, he said during Thursday morning's symposium on "Asthma and inhalation therapy". The following is an extract of his paper.

Failure to diagnose asthma most commonly occurs in patients presenting with chronic productive cough. This leads to a diagnosis of recurrent bronchitis in children and chronic bronchitis in adults. Wheeze and airways obstruction are commonly ascribed to bronchitis and it is often not appreciated that asthma can present with cough and sputum. If these symptoms are periodic and nocturnal, then asthma should be considered. Other features of asthma such as atopic disease may also help make the diagnosis. Many patients are denied effective relief of symptoms because the correct diagnosis is not made and trial therapy is best given if there is doubt about the diagnosis. Failure to respond to bronchodilators does not exclude asthma and under these circumstances a trial of corticosteroids is necessary.

Symptomatic inquiry is helpful in assessing severity. Asthma is usually worse at night and sleep disturbance signifies a failure of control. Daytime control of symptoms is insufficient if sleep is still being disturbed.

Measurements of lung function, such as peak flow rate, are also very important in establishing severity. Most patients can accurately perceive trends in their lung function but many are poor at recognising how severe their functional defect is. Many claim to be well even when they have severely compromised lung function. Measurement of peak flow can therefore identify those patients and extra treatment be given.

In more severe asthma the circulation is also affected and can give valuable clinical clues. Tachycardia should never be dismissed as caused by anxiety or treatment, and pulsus paradoxus may indicate severe asthma. An increasing dose of bronchodilator aerosol, particularly if associated with diminishing benefit, also indicates the need for further therapy.

Inhaled therapy should be regarded as the standard method for drug delivery. It is as effective as other routes of administration and has the great merit of minimising systemic side effects. This is particularly important when a high dose of bronchodilator is required, or when using corticosteroids.

Drugs which cannot be given by inhalation have major limitations. Theophylline has potentially toxic side effects and pharmacokinetic variability is also a problem. Blood level monitoring is necessary if full therapeutic doses are required. By contrast, inhaled selective beta agonists have a much wider safety margin which enables their dose to be increased more safely if the patient fails to respond to conventional doses.

The normal circadian rhythm in lung function is much amplified in asthma which means that lung function falls at night. Treatment of nocturnal asthma is therefore the treatment of asthma itself and should be directed to restoring normal bronchial reactivity. Treatment need not be confined to long acting drugs which last the night through, but to effective treatment during the day of those factors underlying asthma. Nocturnal asthma can be treated effectively with inhaled bronchodilator alone or in combination with inhaled corticosteroid.

Normal treatment

The normal treatment order is to employ bronchodilators by inhalation in the first instance and then administer further treatment if this fails to control symptoms. In some patients sodium cromoglycate can avert the need for corticosteroids. Inhaled corticosteroids have proved a useful treatment, being both effective and having a commendable safety record. Although some systemic activity can be demonstrated at higher doses, our experience with beclomethasone diproprionate has suggested that systemic side effects are not found. In children, growth is not affected and in adults the usual systemic side effects of corticosteroids have not been reported. Fears about local side effects have only been realised with respect to thrush and voice weakness but these complications arise in a small minority of patients and are seldom more than a nuisance. There is no evidence that inhaled corticosteroids promote bronchial or pulmonary systemic infection and there have been no reports of damage to the bronchial epithelium.

Our experience therefore suggests that inhaled corticosteroids should be used more widely and earlier than systemic corticoseroids have been employed in the past. Introducing inhaled corticosteroids at an earlier stage rather than using increasingly large doses of bronchodilator would appear to be a safer course of action.

Failure by patient and doctor

Evidence from surveys of asthma deaths has indicated that a major factor has been a failure by patient and doctor to recognise its severity and therefore to under-treat it. The risks of asthma appear to be far greater than the risks of treatment, and under-treatment with corticosteroids has been a consistent pattern. By using inhaled corticosteroids in combination with inhaled bronchodilators bronchial over-reactivity can be reduced which minimises the risks of severe and potentially fatal asthma. If an attack of asthma supervenes despite this treatment, then a short course of high dose systemic corticosteroids is also undoubtedly much safer than the attack of asthma itself. A short course of prednisolone is virtually free from side effects and should not be withheld for fear of adverse reactions.

Pathogenesis

Dr S.T. Holgate, lecturer in medicine, University of Southampton, gave a paper on the pathogenesis of asthma, of which the following is an extract:

Despite differences in clinical patterns, the pathological features of bronchial asthma are remarkably reproducible. Microscopically, there is destruction of the bronchial epithelium, mucosal oedema, hypersecretion of mucus, infiltration of the airway wall with eosinophils and neutrophils, thickening of the subepithelial basement membrane and hypertrophy of airway circular smooth muscle.

Many of these features can be accounted for by the release of inflammatory chemical mediators, which

Continued on p544

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Symposium Session

IgE and mast cells — a constricting mix

in the case of allergic asthma are likely to be mast cell-associated. Bronchial provocation of asthmatic patients with specific antigens causes both early (5-15 minute) bronchoconstriction followed by recovery and then a second phase of bronchoconstriction, the late response, which occurs 6-24 hours after challenge. Both responses are paralleled by increases in circulating levels of the mast cell-associated mediators histamine, and high molecular weight neutrophil chemotactic activity, thereby incriminating the mast cell in both responses. Both responses may be inhibited by the mast cell stabilising drug sodium cromoglycate, whereas corticosteroids only inhibit the late response. These observations suggest that the immediate response results from the local effects of mast cell mediators on the airway smooth muscle whereas the late response is an inflammatory one requiring the participation of secondary effector cells such as neutrophils and eosinophils.

Human lung mast cells contain on their surface over 130,000 high affinity receptors for the Fc fragment of immunglobulin IgE. Each cell contains many lysosomal granules with a crystalline ultrastructure which represents the storage form for a wide range of preformed inflammatory mediators such as the proteolytic enzyme tryptase, histamine, exoglycosidases which hydrolyse complex carbohydrates, and a variety of peptides and proteins which stimulate the selective migration of eosinophils and neutrophils to the sites of mast cell degranulation (chemotactic factors).

Activation of mast cells for mediator secretion occurs by specific antigen binding to IgE on the cell surface. This results in bridging of the IgE-Fc receptors, activation of a serine esterase, stimulation of phospholipid metabolism in the cell membrane and opening of channels allowing the influx of extracellular calcium ions. Entry of calcium into the cell couples the activation signal to the energy-dependent secretory mechanism. The membrane-bound granules swell with partial solubilisation of their contained preformed mediators. The granules then move towards each other and the cell surface. Fusion of perigranular and plasma membranes exposes the granule matrix to the extracellular space into which the various mediators are released by ion exchange with sodium.

Calcium entry into mast cells also activates membrane phospholipases to release large amounts of the C20 polyunsaturated fatty acid, arachidonic acid. Free arachidonic acid is metabolised by the cyclo-oxygenase pathway to the bronchoconstrictor prostaglandin D2 and by the lipoxygenase pathway to the sulphidopeptide leukotrienes of slow reacting substance of anaphylaxis.

The pharmacological actions of these mediators can account for the immediate bronchoconstrictor response due to direct stimulation of airway smooth muscle, stimulation of neural reflexes with secondary contractions of smooth muscle, alterations in transcapillary permeability causing oedema and stimulation of mucus glands. The release of potent preformed and newly generated chemotactic principles stimulate a secondary response characterised by an influx of activated eosinophils and neutrophils which in themselves are capable of secreting inflammatory mediators. Activation of mast cells deeper in the airway may then occur.

Presentations

Dr J.M. Padfield, head of Glaxo Group Reseach Pharmaceutical sciences division, looked at the various presentations used in asthma management:

Particle size is one of the main contributors to the efficacy of inhalation products. For most drugs acting in the conducting airways, the majority of particles should be between 2μm and 5μm for maximum efficiency. The rate at which an effect is achieved is usually rapid, especially for a drug that acts locally within the respiratory tract. Thus, for inhalation products in addition to considering the total dose delivered one has to consider the distribution, ie, where the drug is deposited. Products can differ in their quality by virtue of the size distribution of particles they deliver and apparently subtle differences in size distribution may be of clinical significance.

The principle of nebulisation is based upon dispersing, with a high velocity air stream, an aqueous solution or suspension containing the drug. This produces aqueous droplets of a wide size of distribution, the coarse droplets being retained in the nebuliser by impaction and those droplets of the required size range passing out for inhalation. Disadvantages are the polydispersity of the size distribution and the eventual size distribution available to the airways being dependent on the amount of drying which takes place prior to deposition. By passing the nebulised wet aerosol through a heated tube, drying can be facilitated and very small particles produced. However, nebuliser equipment is bulky and most

requires a power supply.

Metered-dose inhalers are by far the most widely used presentation. The inhaler consists of a solution, or more commonly a suspension, of the drug in chlorfluorocarbon propellants. Delivery is effected via an actuator which contains a small diameter (about 0.5mm) break-up orifice to aid the generation of small particles. The propellant mixture has a low boiling point giving a high pressure in the can to facilitate the delivery of an explosive aerosol cloud which undergoes rapid size reduction as the propellants evaporate, leaving fine particles for inhalation. The size distribution in free air of a suspension inhaler is governed to a large extent by the particle size of the input drug. Usually this is micronised. The size distribution of solution inhalers depends upon drying of the solvents after discharge from the actuator. As such inhalers usually contain co-solvents such as alcohol which have higher boiling points than the propellants, their mean size is often greater than suspension inhalers and this may affect their lung distribution. Furthermore as solution inhaler sprays are considerably wetter than their suspension counterparts, they are more likely to adhere to surfaces on which they impart during inhalation (eg throat, upper lung).

Gamma scintigraphy work by Newman and co-workers has shown that the loss of drug in the mouth can be reduced by placing an extension device between the actuator and the mouth. At their simplest these "spacers" are extension tubes which increase the actuator-to-mouth distance; there can also be a volume increase allowing some expansion of the aerosol to give a less-rapidly moving cloud for inhalation. Large devices could have the advantage of reducing synchronisation problems in some patients.

Synchronisation

Although considerable pharmaceutical and clinical effort has gone into the development and evaluation of devices such as the Spacer, nebuliser and aerochamber there is no significant body of evidence that demonstrates enhanced lung deposition. There is evidence indicating that synchronisation can be improved with such devices and might

provide benefits in children. Such devices also reduce oropharyngeal deposition; this may only be important for corticosteroids and little evidence exists that it is a real problem. Thus, for those patients who are able to synchronise correctly, these extension devices are no benefit and for the remainder education by the physician and the pharmacist can go a long way to alleviating the problem of synchronisation.

Powder inhalers

Powder inhalers are gaining increasing acceptance and can provide synchronisation. Two systems, the Spinhaler and Rotahaler, are available in the UK although the patent literature is replete with other designs.

Mr Bernard Ramsey, Stockton on Tees, admires lord Julian, Mayfair town crier, while Mrs Angela Ramsey casts her eye over the first prize in the Conference lottery draw. The car was won by Geistlich, Chester, the winning ticket being drawn at a Cockney evening by TV personality Frank Bough

At the civic reception, from left to right Mrs Ingrid Astill, Mrs Margaret Benfield, Mr John Edwards, Mrs Sue Lewis, Mr Tim Astill (NPA director) and Mr Arthur (ABPI)

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Licking an aspirin to prevent a heart attack?

Licking an aspirin each day may be a suitable method of providing a dose of the analgesic to prevent a second heart attack, according to Dr J.R. Vane, group research and development director, Wellcome Foundation, who gave this year's Conference Lecture.

The latest research shows that a daily 14mg dose of aspirin abolishes thromboxane A_2 production, thought to be involved in platelet aggregation and formation of atheromatous plaque. The dose is substantially lower than the 2g advocated before the role of prostaglandins had been studied.

Dr Vane traced the developments which led to the discovery of thromboxane A_2 and its possible involvement in platelet aggregation. Prostaglandins were discovered some 50 years ago and hundreds of similar compounds have since been synthesised. Dr Vane stressed that major discoveries were made using simple tools. He gave as an example superfused tissue, which he and Sergio Fereira used to test the actions of prostaglandins on animal tissue in 1967. They found PGE_2 and PGF_2 had half lives of only a few seconds and the concept of local hormones emerged.

In 1969 Vane and Piper isolated prostaglandins from guinea pig lungs during anaphylaxis and in 1971 it was found that aspirin and similar drugs inhibited prostaglandin biosynthesis.

But the cause of platelet aggregation remained a mystery until more of the arachidonic acid pathway from which prostaglandins are synthesised was elucidated. In 1975 Samuelson discovered thromboxane A_2 and thromboxane B_2.

While looking for thromboxane synthetase another substance known as prostacyclin or PGI_2 was discovered which had anti-aggregatory and vasodilating properties, the opposite to those of thromboxane. It is now thought that it is the balance between these opposing forces that is important in the blood vessels.

Prostacyclin differs from other prostaglandins in that it is not metabolised on passing through the lungs and could be considered a circulating hormone. Experiments showed that prostacyclin could disperse platelet aggregates after they had formed. If these aggregates could be caught in the circulation early enough, they might be dispersed before consolidating to form a blood clot. Work with arterial rings showed dispersion of platelet aggregates *in vitro* and it was proposed that

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prostacyclin was made from endoperoxides released from platelets.

A search for prostacyclin synthetase inhibitors revealed that certain lipid peroxides, a constituent of atheromatous plaque, inhibited its production. This could provide the rationale for vitamin E therapy, the vitamin E acting as an antioxidant.

Dr Vane then looked at which parts of the arterial wall produced prostacyclin. He discovered that the intima, although only accounting for 5 per cent of the wall's weight, was responsible for 40 per cent of its ability to produce prostaglandin, and that prostaglandin production decreased from the lumen of the vessel to the outer wall. In fact, it is the endothelial cells lining the lumen that produce prostacyclin. In contrast thromboxane production increases as one moves further from the lumen. When an artery is cut, therefore, it was proposed that cells further from the lumen produced thromboxane which encouraged platelets to aggregate, filling the opening. The process stopped when the aggregating platelets reached the lumen possibly because the endothelial cells produced anti-aggregatory prostacyclin.

Platelets are known to stick to everything except healthy blood vessel walls, probably because of prostacyclin production. The situation changes, however, when the vessel walls are damaged. Dr Vane explained that *in vitro* blood flow through unhealthy vessels decreases and stops; on inspection the vessel is closed by a platelet thrombus. However, if a prostaglandin infusion is given just before the blood flow stops no platelet thrombus is found but evidence of damage is still present.

Prostaglandin infusion in patients with peripheral vascular disease increases blood flow and the effect lasts from three to six weeks after treatment. A trial for Upjohn done in Cambridge, however, showed that PGE_2 in 150 patients had no advantage over placebo, contradicting other work. Dr Vane suggested that larger trials were needed.

Prostacyclins are likely to be useful for preventing aggregation on artificial surfaces too.

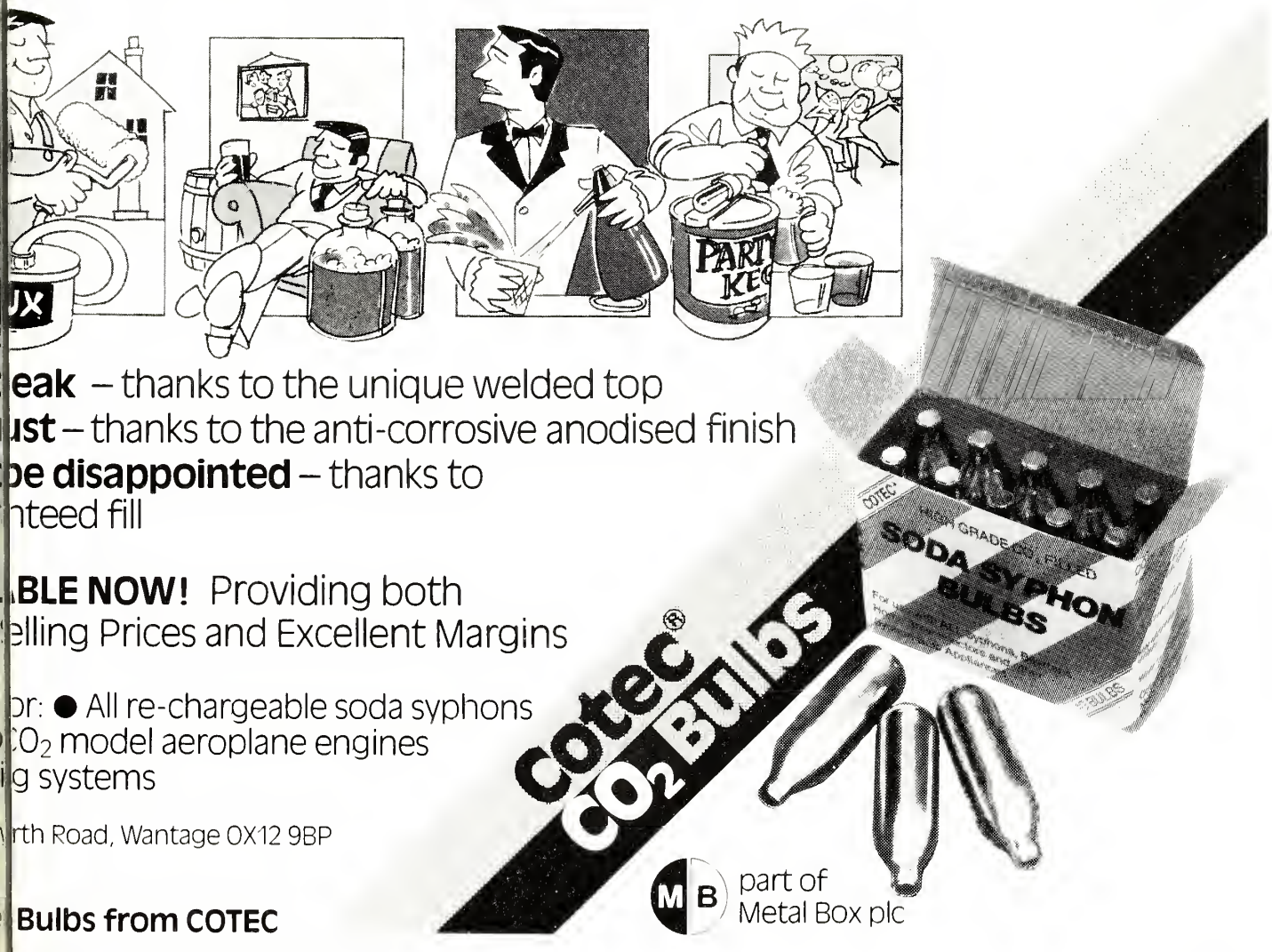
Charcoal haemoperfusion, the artificial liver, is one of the strongest stimulants to removal of platelets, and experiments at Kings College Hospital in London, have shown a doubling of patient survival rate when using prostacyclin. Similarly with haemodialysis prostacyclin reduces platelet loss and obivates the need for heparin and prostacyclin may improve dialysis procedure.

Prostacyclin may be useful for cardio-pulmonary bypass allowing the use of a filter to prevent platelet loss. Filters were not used before because of the risk of platelet clumps being swept off them into the brain, lungs and heart. Dr Vane said cerebral dysfunction was associated with 50 per cent of such operations.

He thought that many conditions could be associated with a lack of endogenous prostacyclin production, for example atherosclerosis, cardiovascular disorders in diabetics and old age. Again in Raynauds phenomenon duration and frequency of attacks have been reduced using prostaglandin, improvements in circulation lasting up to six months.

Dr Vane said the long lasting effect from a short acting compound may be explained by its cytoprotective effects, a biochemically undefined term. For example prostaglandin can prevent ulcers induced by alcohol and drugs and can prevent chemically induced liver damage in dogs and limit the size of infarction. But the mechanism of protection remains unclear.

Dr Vane said the problem of whether aspirin will be of use in preventing a second infarction is still unsolved. Indeed it would be better if a selective thromboxane inhibitor could be found because aspirin can inhibit both thromboxane and prostacyclin production. But the problem doesn't stop there because both ADP and thrombin promote platelet aggregation, neither of which is inhibited by aspirin.



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International Labs celebrate 50 years

This year, International Laboratories celebrate their fiftieth anniversary: fifty years of trading with pharmacies and of supplying medicines for dispensing and for self-medication.

The story of the company's development really begins in 1920, when heating and sanitary engineer Harry Pickup developed a laboratory cleanser from nitre cake, a commodity in vast supply after the cessation of hostilities in 1918. He called his cleanser Harpic, and the advertising and sales push were so successful that Pickup had to move factories twice in the next three years, ending up in an ex-jam factory in Staple Street, Southwark.

Nine years later, in 1932, Pickup decided to sell Harpic, and approached Reckitts of Hull who agreed to buy — a good investment as Harpic continues to be a flourishing trade mark today.

This left Harry Pickup with Pickups Ltd, a patent medicine manufacturer with several brands, the best known at the time being Rheumagic, a "concentrated penetrative analgesic liniment". In 1933, after the sale of Harpic, Harry Pickup came across International Laboratories. Originally an American company, at this time it was manufacturing three patent medicines: Parmint for coughs, colds and catarrh; Carmarole Compound for kidneys, bladder and blood; and Karmoid, a phenolphthalein laxative pill. International Laboratories was bought for the princely sum of £7,000 by Pickups Ltd.

Then, in 1934, the company bought a formula for an asthma tablet, based on ephedrine, a combination of xanthines, and amidopyrin. The brand name was Do-Do, well known to today's generations of pharmacists.

At this time, fairly startling advertisements ran for Do-Do, rejoicing in modestly-phrased headlines such as "Asthma instantly relieved", and "One Do-Do a day keeps asthma at bay!". Such guarded expostulations of the product's merits were in keeping with the times, when most patent medicines were equally vocal in the way their respective benefits were presented.

As the company moved through the thirties it entered the years of the depression — difficult times for the company and for pharmacies alike. In those days, company representatives called on pharmacies and it was sometimes difficult to make up an acceptable order, especially in the North, where there were often too many pharmacies — in marked contrast to today's situation!

After the first war, there had been a relaxing of standards to admit returning servicemen to the profession, and many took advantage of it. So turnovers were very small and capital very limited. Round a grimy cobbled West Riding village square there might be a Co-op chemist and two private chemists with business for little more than one, let alone three. Frequently, a pharmacy would have two or even three representatives waiting their turn, and the same men would sometimes be in each other's way all day. The patience of the pharmacist must often have been tried, but they were decent people and when business was quiet were glad to chat to someone outside their often enforcedly narrow lives.

At this time, International Laboratories' sales force were forging links with the pharmacist, appreciating his viewpoint as well as the manufacturer's. It was this understanding that in later years flowered into the strong relationship of trust, confidence and respect between retail pharmacists and the company.

Typical of that relationship was support for the Chemist's Friends scheme. It provided pharmacists with a list of manufacturers who had pledged to confine sales of their medicines to pharmacists on premises registered by the Pharmaceutical Society. Later the requirements of the scheme provided that margins be lifted from the normal 25 per cent to 33⅓ per cent.

International Laboratories was, and still is, very active with the Proprietary Articles Trade Association (PATA), set up at the turn of the century to prevent price-cutting of medicines.

During the thirties a sound management team had been consolidated. It comprised Tony Bellm, not only architect of International Laboratories' successful development but a major contributor to the proprietary industry's affairs in several capacities, including president of the Proprietary Association of Great Britain. Today, he is chairman of International Laboratories. Bill Rodell played a fundamental role, first in the area of sales development and latterly as marketing director. The third key member of the team was "Bill" Billinghurst who was to be chief chemist for 37 years until his retirement in 1970.

Looking good

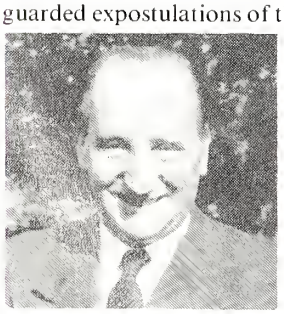
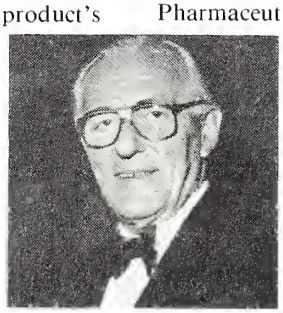
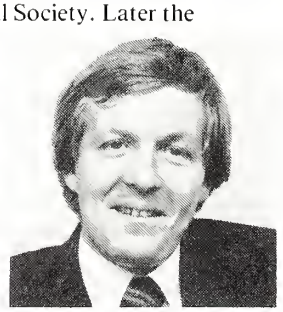
By the time the second war came in 1939, turnover had grown to the respectable sum of £57,000. By 1943, this had almost doubled to £121,000. Things were looking good. The next acquisition, in 1945, was Baume Dalet, a French product developed for bunions — a significant problem for the ladies of the day.

However, clouds began to gather on the horizon and by the early fifties things were pretty gloomy. Turnover slumped to £42,000 and the advent of the National Health Service in 1948 took its toll on sales of OTC medicines. The only thing to do was to keep going and search for new products to get the business expanding once more.

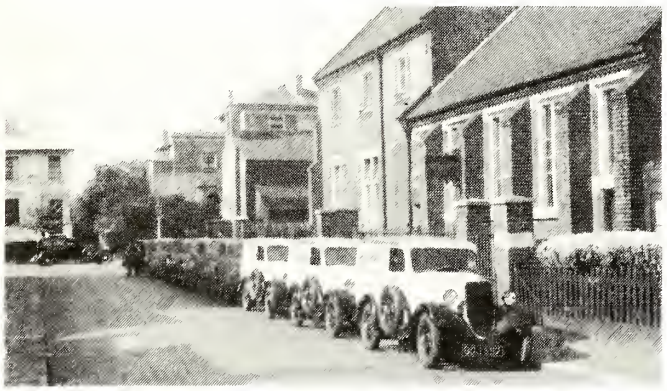
The first of these was a Swiss skin treatment, F99. Developed by Diva Laboratorium AG, it was based on the hypothesis that some skin conditions arise from deficiences of certain unsaturated fatty acids. Tests by American skin specialists with essential fatty acids showed that wound healing would be achieved quicker with their use, and the recommended indications for F99 included eczema, psoriasis, furunculosis, leg ulcers, bed sores and wound healing in general.

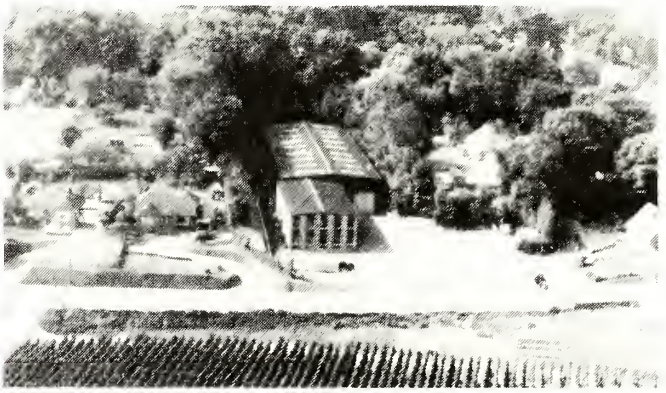
The sales plan for F99 was twofold. Over-the-counter, stimulated by point of sale in the pharmacy, and prescriptions via the doctor. Mailings were sent to the 26,000 NHS general practitioners featuring evidence for the efficacy of F99, including before and after photographs.

Sales rocketed, but when in the mid-50s the Cohen Committee was appointed by the Government to look at the cost of medicines in the NHS, one of its recommendations was that no publicly-advertised medicine should be available

Left to right: The founder Harry Pickup (1888-1975), chairman Tony Bellm who was chief executive 1947-77, and Raymond Bellm who has been managing director since 1977





Past and present homes. Left, the Church School building at Smedley Street, south London, was the first home under Harry Pickup's ownership in 1933. The vans parked outside cost £100 each. Right, the present office and warehouse have pleasant views over hop fields, Alton being a brewery town

on prescription. This did not affect F99, but what did was the Committee's decision to put F99 into the "unproven" category, which meant that any doctor who prescribed it under the NHS might have to pay for the prescription from his own pocket. This interfered with prescription sales, but over-the-counter sales continued at comfortable levels.

Then along came Relaxa Tabs from Australia, where it was known as Persomnia. The formula consisted of a combination of ureides — carbromal and bromvaletone — and predictably enough, this was to run into trouble later, leading to reformulation. However, the upward fortunes of the company continued and by 1958 turnover had reached £234,000.

During 1959 International Laboratories decided to phase out Parmint cough mixture. What took its place was to become one of the company's major successes and now brand leader in the proprietary decongestant market, Mu-cron. Although Mu-cron was formulated for coughs, colds and catarrh, the company decided to promote it solely on the basis of its ability to tackle the catarrh problem. It was this exclusive positioning that was responsible for the success of later years.

The sixties saw a number of new products and acquisitions. Crampex was launched in September 1961; Aero-ped was acquired from Colloidal Chemists in the same year; Aero Dry shampoo was to follow; Lincolin beer shampoo in 1963. Carmil was launched in 1966 as an anti-diarrhoeal, and in 1967 Denclen was acquired. The company was expanding so fast that towards the end of 1967, 67,000 sq ft of office space was acquired in Sunbury-on-Thames. By the end of 1969 turnover had increased to £869,000 — not far short of that magic £1,000,000.

David Merrington was appointed chief chemist in 1970. The seventies saw all the various measures and controls conceptualised under the 1968 Medicines Act come into being, and David Merrington's contribution in keeping abreast of legislative and licensing requirements has been substantial.

Also in 1970, the company received a visit from a Mr Harry Wild, a wartime pilot and Blackpool retail pharmacist. It turned out that Mr Wild was a migraine sufferer, and the pain had begun to affect his livelihood, as he was forced to leave his shop to lie in a darkened room. No-one else was qualified, so dispensing had to stop. Medicines prescribed by his doctor, as is so often the case in migraine, made the symptoms worse.

So Mr Wild experimented with various combinations of drugs over the years. Eventually, he found one which he recognised as being superior to anything he had tried before — one which his doctor friends also found successful. It was certainly a blessing in the treatment of his own migraine problem.

He had found a reliable, specific migraine treatment that could be sold over the counter in pharmacies. No other existed. He invented a trade mark, Migraleve, and found an illustrative design for a carton and literature. He then went to a variety of pharmaceutical companies, but they were reluctant to accept a marketing proposition in the absence of a logical rationale for Migraleve's mode of action. He decided to market it himself, and discussed with International Laboratories a proposition that would allow the company to handle manufacturing and marketing.

David Merrington investigated the claims closely, starting with private clinical trials (bearing in mind that the relevant part of the Medicines Act was not yet in operation). These were followed by formal clinical trials, which were successful: Migraleve was off and running. Now, it not only receives a high level of prescription, but over-the-counter recommendation and demand as well. Today, Migraleve is the company's best selling product.

The successful launch of Migraleve was one of the factors behind celebrations that took place in 1972. International Laboratories had passed the £1,000,000 mark.

Once this barrier was hurdled, the rest passes into history. The cornerstones of the company's business had been well laid, and turnover increased to £3¼m in 1980, and 1983 sales will exceed £7m. Raymond Bellm, son of Tony Bellm, is now managing director and is expanding the company's franchise by the launch of new brands and acquisitions.

One of Raymond's concerns is to foster the close links forged with the pharmacist over the past 50 years. International Laboratories are committed to "chemist only", and despite overtures made to the company by the grocery trade Interlab brands are still not to be found outside the pharmacy. A similarly uncompromising attitude is witnessed over the International Laboratories guarantee — a "no-strings"' offer to uplift any product at any time for whatever reason. The guarantee is a reflection of the company's faith in the constant demand for its products.

So well placed is this confidence in its products that it is a rare event for the company to receive claims under its guarantee.

As continuing evidence of the company's commitment to the future, International Laboratories have recently announced the acquisition of Waspeze, Burneze and Potter's catarrh pastilles. These brands, well known to the pharmacist, are expected to flourish under the influence of the company's marketing skills.

If there is any question on how International Laboratories see themselves in the marketplace, Raymond Bellm's answer is characteristically unequivocal: "International Laboratories are the leading private company in terms of sales of OTC medicines to the pharmacy sector. That's where we're going to stay."

This determination is reflected in their two most recent developments. The first was the highly successful launch in August of Proflex, when the company introduced the first advertised ibuprofen onto the market, and the second — announced only last week — was the acquisition of Suleo from Jeyes. Pharmacies can certainly count on a very active programme from International Laboratories!

☐ To commemorate the 50th anniversary, the company has commissioned a book "International Laboratories 1933-1980". A limited number of copies are available at a special price of £5 including postage and packing. Orders to Chris Banks, International Laboratories Ltd, Charwell House, Wilsom Road, Alton, Hampshire GU34 2TJ.

'Harmonious' start to RDC's deliberations

This week the Rural Dispensing Committee met for the sixth time since the Clothier Regulations came into force on April 1 to take decisions within its twin jurisdictions of rurality and applications to dispense in rural areas. Chairman Sir Alan Marre says that after six months the Committee is working 'harmoniously'. In a *C&D* interview Sir Alan gives a progress report on his rural journey down an unmade and newly-fenced road.

In six short months the Rural Dispensing Committee has met six times. To date it has been approached by 18 assorted pharmacists and doctors desirous of dispensing in controlled locations and has been asked to make six decisions on the rurality of certain areas and on the gradual change of status of one other. A subcommittee has made five "field" visits to collect oral evidence — no doubt given in the local dialect.

In this initial period Sir Alan says the RDC has fulfilled all his hopes and expectations. Made up, as it is, of people with different interests — three lay persons, three doctors and three pharmacists — he says they look at each case as objectively as they can, "but each member doesn't use the same pair of spectacles."

A quorum for an RDC meeting comprises two lay persons, two doctors and two pharmacists under the chairmanship of Sir Alan, or his deputy, Mr G.C. Waterer. (Mr Waterer was elected deputy chairman by the Committee.) The meetings take place on the fourth Tuesday of each month. Up to, and including the August meeting (this interview took place just before the September meeting) Sir Alan, together with a full complement of the professional members, had been present at each one. He says that in certain cases, because a professional member has practised in the area involved, or knows the applicant, his place has been taken by one of the deputies. There are no lay deputies, but three pharmacists and three doctors who attend meetings as necessary.

By September 15, the RDC had received 11 applications from pharmacists seeking preliminary consent to dispense in a controlled locality. So far four cases have been decided — two in favour of the pharmacist opening up and two against — with seven cases still "in the pipeline."

Fewer general practitioners have sought outline consent to extend or commence dispensing in rural areas — seven so far. Of the three cases decided, one has been in favour of the applicant and two against, with four unresolved. The backlog arises because interested parties have 30 days to submit evidence after the Family Practitioner Committee has notified them of an application.

Sir Alan says that in at least two of the seven cases in which decisions have been reached, appeals have been made to the Secretary for Social Services. "Others may have been made," he says, "but so far the Sectretary has asked for our comments on just two appeals."

In dispensing applications the RDC has jurisdiction "in the first instance," with any appeals considered "in the second instance" by the Secretary for Social Services. In matters of rurality, Sir Alan says, the FPC has jurisdiction in the first instance, with appeals by either Local Medical or Pharmaceutical Committees then considered by the RDC.

Rurality

Seven decisions as to the rurality of an area have been taken by various FPCs. Because no one has been dissatisfied with the decision at local level, they are final and without appeal to the RDC, Sir Alan says. "In another case the FPC decision was referred to us, not as to whether an area was rural or not, but on how far the impact of the decision could be mitigated by gradualisation." (Gradualisation — what notice should be given after a rurality decision, to whom and in what form.)

Sir Alan reports that six other rurality decisions taken by FPCs are subject to appeals. In four of these the 30-day period for comment by interested parties has not yet expired; in another it has, and a local visit by the subcommittee is to take place. (The subcommittee report will have been considered by the RDC this month.)

RDC decisions are reached without recourse to local visits if the written evidence presented is "sufficient." If it is not then a local visit is made by the subcommittee comprising a lay chairman, a doctor and a pharmacist member. It takes oral evidence only from those professional parties who have previously submitted written material, Sir Alan says.

"The regulations do not require visits to be made. However, there is a feeling that in many cases, perhaps most cases, for the right decision to be reached, it is desirable to have local a visit."

Sir Alan Marre pictured at his desk in Hannibal House, Department of Health. Sir Alan was previously chairman of the Central Joint Committee on Rural Dispensing (the 'standstill committee') before taking up his present position of Rural Dispensing Committee chairman in April: prior to that he was at one time the Ombudsman (Parliamentary Commissioner for Administration)

Although the regulations prescribe in some detail the various professional organisations and people the RDC must consult about such applications, they do not mention any patients' representatives, Sir Alan says. "The RDC has decided that in all cases they will give people, and organisations who can speak on behalf of patients, the opportunity to comment on the application, and to attend any hearing held by a visiting RDC team."

Lay representation is likely to be by the Community Health Council, while the professional representatives will include local doctors and pharmacists, as well as members of LPCs, LMCs and FPCs.

Trends

Sir Alan says so far no trends have emerged in the rurality decisions — the RDC is not informed by FPCs of the criteria taken into account in reaching a local decision that is not the subject of appeal.

On rurality appeals by FPCs to the RDC Sir Alan says: "I am not at all confident that at this time we shall be able to operate on any clearly set out criteria because local circumstances vary so enormously. This applies equally to the other jurisdiction [consents]."

In time Sir Alan believes it will be possible to promulgate "coherent, sensible criteria" to judge issues by, but meantime the basis of any decisions must be the effect they have on the provision of proper medical and pharmaceutical services.

There have been some misunderstandings over deadlines for the submission of evidence to the RDC. He says these have not been treated unduly harshly where there has been a genuine misunderstanding. "We want to get our decisions as expeditiously and as fairly as we can within the regulations."

So far the RDC has not had to decide on the rate of changeover of patients from a doctor's dispensing to his prescribing list as a result of a pharmacist applying to an FPC to open within one mile of a controlled locality. In such a case the FPC has to give consent but the RDC then determines the changeover period etc. "It is still early days," Sir Alan says.

No publicity...yet

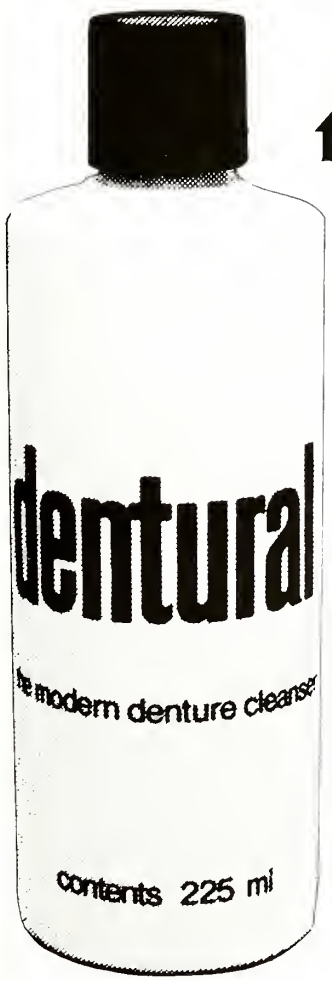
The RDC secretary will only give the Press the Committee's decision on a paticular case after it has been passed to the applicant, and then only if specifically questioned about it. No details of the case are released. Sir Alan defends the RDC position saying that because the evidence, both oral and written, is given in private, "it is not the business of the Committee to make it public...The people themselves can give whatever publicity they choose to their case." Sir Alan feels publicity would inhibit the work of the Committee.

However, the Committee is to produce an annual report, although it is not required so to do by the regulations. Sir Alan says this will include a general description of cases handled by the Committee. It will contain some statistics, general reflections and, eventually, as trends become clearer, the criteria on which judgments are made.

Sir Alan says the RDC is, in his opinion, unlikely to be influenced by "pressure" of any kind in the applications made to it. Its judgments would be based on the facts presented and taken in the best interests of the patients in accordance with statutory criteria. (Sir Alan had been asked if either doctors or pharmacists had tried to "blackmail" the RDC, ie saying that if such a person opened up then he would not, or that he would be forced to close etc. A case that is presently before the Committee, involving parallel applications from a pharmacist and a doctor to dispense in a controlled locality, had been mentioned by *C&D.*)

"I'm very happy with the way the Committee is operating," Sir Alan says. "No one would pretend that we've found the final answer to the difficult problem of how dispensing is to be carried out in rural areas.

But we have got a rather more rational system of organising changes and preventing some of the difficulties that used to arise." ■



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LETTERS

Who is to blame?

It was inevitable that the DHSS would sooner or later be reducing the Tariff prices of generic drugs as a result of the activities of many suppliers in openly publishing lower and lower prices. Prior to the emergence of these "entrepreneurs" we were able to negotiate deals with such as APS, Arthur Cox & Kerfoots, and thereby make some contribution to profits arising from NHS dispensing, which must surely now be the lowest rate of return of any profession.

The Glaxo group must shoulder a very high proportion of the blame by virtue of their recent "investment" of several million pounds via Evans Medical and Vestric in order to achieve a high level of market penetration. It is very easy for a vertically integrated company like Glaxo to write off so much money against their vast profits recently boosted by the success of Zantac, but what is surprising is that those responsible could not foresee the inevitable outcome resulting in all concerned losing profit by contributing to the exchequer.

Thus we have yet another example of the lack of co-operation between manufacturer, wholesaler and pharmacist, following a regular pattern of self destruction as previously exemplified by price rise dates, abolition of RPM, NAPD-ABPI wrangling etc etc. Unless there is an end to this lemming mentality the extinction of the species could be threatened by the unspeakable — a Tory launched nationalisation of the industry from Glaxo at the top to the impoverished pharmacist at the bottom, which would probably be welcomed by the latter as a Godsend!

A. Peel
Huddersfield

Slimming problems

How exciting it is when one innocent inquiry from a fellow professional exposes a gap in the market. The request for "the best diet suppressant tablets" must indicate that this concept is just around the corner, to be hailed by the manufacturer (at his lunchtime promotion) as a drug "targetted for the practitioner's armoury."

What an opportunity to end profiteering by unscrupulous manufacturers. What a godsend for the overworked doctor's receptionist. Patients will be weaned off Apisate *et al* at a stroke (possible side effect that?). Weight watchers will campaign for a return to a natural way of living, while their members desert to car maintenance classes, or even Women's Institute coffee mornings.

Clinics will be founded by caring GPs eager to be of assistance to rich and generous ladies who will clutch at any straw to give up dieting"...this time for good, doctor." The Committee on Safety of Medicines will decide that the effects on a young housewife in Milton Keynes were unlikely to have been caused by addiction to the drug, but manufacturers will make an *ex gratia* payment to that unfortunate husband who will regard it as derisory.

Obese patients, of course, who wish to

Thanks a million, well almost!

In 1979 we asked Dendron Ltd to distribute our Fever Scan forehead thermometer to the Chemists trade. In four short years, Dendron have made Fever Scan the brand leader with sales throughout the UK. Now the brand has changed ownership and will be marketed and distributed by Robinsons of Chesterfield and we'd like to say thank you to Dendron for giving us more support than we ever expected.

Thank you, Dendron.

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regain their health and figure, will have to resort to the dangerous and unrelated concept of "eating less" — a radical concept with complicated and frightening side effects. I am assured, however, that with sensible supervision it may be the best long term cure.

Does anyone know the opposite of anorexia?

D. Solomon
Liverpool

Inequity!

A further inequity regarding prescription charges has revealed itself this week and may also be of interest to the Rural Pharmacists Association.

We have been keeping in stock 100 Prednesol tablets for a patient who has had a kidney transplant. Recently the man returned to hospital for a check-up and came back happily with three months' supply of Prednesol tablets. Of course, we cannot complain about this, although the amount does seem excessive, but the reason that the patient was so happy is that no prescription charge was made. Normally he has no grounds for exemption.

You cannot blame the patient, but how many more instances such as these have to come to light before we cry "no more". Perhaps in this case we ought not to charge the patient and then sign the declaration on the back of the FP10 under an additional heading of "Patient does not pay doctor or hospital so why should he pay us?"

S.H. Quinn
Blackpool

Why so quietly?

I was most interested in the note that May & Baker were to discontinue M&B693. I understand Sir Winston Churchill received this cure when he had pneumonia. But for that, it is possible that we may not have won the war. I thought May & Baker would have made more noise about this, after all the harrassment we have had from the media about the price and faults of the research drugs.

Incidentally I received this cure in 1941 with success.

G.H. Wright
York

Substitution fine

I am prompted to write this letter with all my sympathy to the chemist concerned in the Service Committee case reported last week and hope others will agree with me that no matter what brand was dispensed, it would appear that the patient was sensitive to cephalexin. I don't think it is the substitution of Ceporex (Glaxo) for Keflex (Lilly) which caused the patient's sensitivity, and therefore, I do not agree that the chemist should have been fined £100.

This case has made the prescriber more of a "tin God," as he was the one who prescribed cephalexin (I agree it was Keflex brand) and he should hold the blame. Both brands should be therapeutically equivalent so far as the bio-availability of cephalexin is concerned.

Please publish my letter — just to show that other pharmacists are concerned.

M. Bedessee
Rayleigh, Essex.

Unfortunately, part of last week's report (which has been commented upon by other correspondents too), was omitted for space reasons. In fact, committee members were responding not only to the substitution, but also to the fact that no explanation was given to the patient and that the prescription had not been endorsed — Editor.

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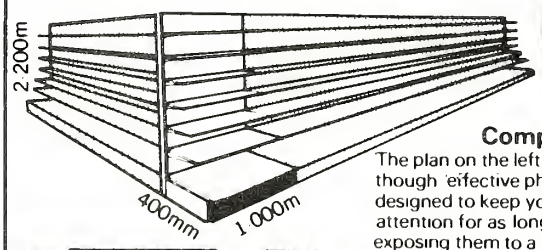

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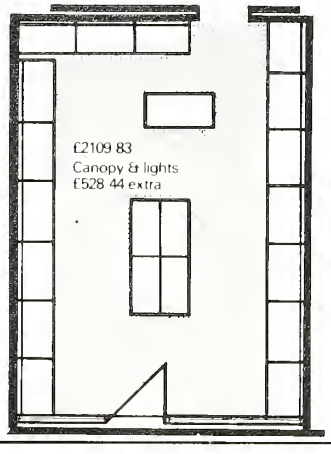

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New drugs and faster diagnostics from Abbott

A bronchodilator, an anaesthetic and an agent active against prostate cancer are among the new medicines that Abbott Laboratories hope to introduce to the UK in the near future.

Mr Robert A. Schoellhorn, chairman and chief executive, said in London this week that 11 pharmaceutical compounds are in various stages of clinical development by Abbott and by TAP Pharmaceuticals, the company's joint venture in North America with Takeda Chemical Industries of Japan. Leuprolidine, a compound developed by this joint venture, is currently undergoing clinical trials in the treatment of advanced prostate cancer. The company hopes to launch it in the US next year, a little later in Europe.

There are plans to introduce Bremax (tulobuterol), a bronchodilator similar to salbutamol, to some European markets next year, together with the anaesthetic Forane.

Abbott's R & D spending as a percentage of sales is higher in diagnostics than in any other division of the company and 87 new products were introduced between 1978-82. A further 30 new products are expected this year.

One of the company's newest enzyme tests is Gonozyme which can detect gonorrhea in three hours compared with the 48 hours normally required by culture. Chlamydiazyme, a test for the sexually transmitted disease chlamydia, will be introduced worldwide in the near future. This test produces results in about four hours compared with the two to five days required by present methods.

The company also intends to improve on its "leading position" in the cancer diagnostics market.

Fisons increase profits by 48%

Fisons increased pre-tax profits by 48 per cent in the six months to June 30, on sales up 18 per cent.

Turnover reached £204.8m from the previous £173.9m, while profits were up £4.3m at £13.4m.

Chief executive John Kerridge says these results have been achieved from the exploitation of growth opportunities throughout the world and tight cost control "with little help from the economic environment".

The pharmaceutical division turned in a profit contribution of £12.4m — 30 per cent better than last year's £9.6m. Sales in the division were up 18 per cent at £77.4m.

New product introduction here has accelerated over the year. The Intal inhaler has helped sales in most major European markets and registration for the product is being persued elsewhere in the world. Hay fever treatment Rynacrom has done well this year in the UK, and received a US launch as Nasalcrom.

The scientific equipment division also continued to make progress. Profits were 32 per cent up at £2.3m, while sales rose 22 per cent to £47m.

"Our performance in this half year demonstrates that Fisons have now moved into a new phase of growth and development," says John Kerridge.

Bayer UK shift HQ to Newbury

Bayer UK Ltd, British subsidiary of the international Bayer chemicals group, is moving its headquarters from Richmond, Surrey, to new offices in Newbury, Berkshire.

The move involves the company's head office staff and six sales divisions as well as the pharmaceuticals division from Haywards Heath, Sussex. Continued growth of the company, which has increased its turnover four-fold to £200m in the last ten years, has put increasing pressure on office space at the two locations, according to managing director John Webb.

The phased move will be completed in early October, when more than 400 people will be working in the new offices.

As well as the corporate divisions, the organic, inorganic, rubber, plastics and surface coatings, polyurethanes, pharmaceuticals and consumer products divisions will have their headquarters in Newbury.

The company's manufacturing operations at Bromsgrove, Worcestershire, and Stoke-on-Trent are not affected by the move, nor are the dyestuffs (Altrincham), fibres (Bradford) and agrochemicals (Bury St Edmunds) divisions. The new address is *Bayer House, Strawberry Hill, Newbury, Berkshire RG13 1JA (tel 0635 39000, telex: 847205 Baynew G).*

Carnation takes on Cuticura sales

Carnation are to wind up their chemist division, replacing it with a health care operation which begins trading on October 3.

From this date Carnation will handle UK sales and distribution for all Cuticura's toiletries and slimming products.

The new division will operate almost exclusively in the chemist sector although, as before, drug stores and department stores including a pharmacy will also be supplied. Both Carnation and Cuticura see the independent pharmacist's support as an integral part of their business strategy.

The Cuticura range will be supported with a £5m promotional spend over the coming year. It is promised this campaign will highlight chemist availability. Orders for either Carnation or Cuticura products should go to normal wholesalers or direct to Carnation's sales office at *Dansfield House, Medmenham, Marlow, Bucks (tel 06284 6021).*

Woods of Windsor this week received their Queens Award for Export from Major J.D. Young, Lord Lieutenant of Buckinghamshire. The award was accepted on behalf of the company by managing director Roger Knowles and his wife Kathleen

Cow & Gate split enlarged sales team

Cow & Gate have increased their sales force by 10 per cent and divided it into medical and retail sectors.

Sales personnel who previously covered hospitals, clinics and retail outlets will cover the sector they are most experienced in, working in one of seven new sales regions — six covering England, Wales and Scotland and one covering Ireland.

Lyndon Davies, Nigel Russell and Kevin Wayt receive internal promotions to national account executives.

"This move to strengthen and improve our service to retail trade supports the company's objective to increase its share of the babyfoods market," says general sales manager, Alan Warren. "With the increase in the number of sales regions customers will receive better and more personal service."

Government's £¼m for new distributor

Britpharm are a newly-formed medicines distributor based at Consett, Co Durham. They will be distributing ethical pharmaceuticals, OTC medicines and healthcare preparations through wholesalers, and hope eventually to move into manufacturing too.

The initial financing package which made the setting-up of Britpharm possible was put together by stockbrokers James Capel, who raised just over £1m from six private sector investors in the city. An additional £250,000 came from the Government-backed British Technology Group — previously known as the National Enterprise Board.

Joint managing directors of the new venture are John Ahern and Brian Robinson. Mr Ahern is a former European vice-president with Merck, Sharpe and Dohme, and Mr Robinson has worked for a number of medium-sized pharmaceucial companies. Sir Robert Marshall has been appointed chairman.

Britpharm will have their own sales force calling on doctors and chemists, although direct accounts with the retail chemist are not yet envisaged.

"We hope to pick up gaps in the market left by the big boys" says Brian Robinson.

Some of the 250 delegates attending this year's Unichem pharmaceutical conference setting off from Gatwick airport for Corfu.

Three charged in fake Chanel case

Three men appeared before magistrates at High Wycombe, Bucks, last week charged with attempting to defraud Chanel.

Robert Victor Coles, 37, of Ilford; Raymond Phillip Young, 25, of Chingford; and Stephen Jory, 33, of Hackney, are charged with conspiring together with other persons unknown to manufacture and sell Chanel No 5 with the intention of defrauding Chanel and the public at large between August 1, 1982, and September 16 this year.

Jory was remanded in custody until Monday, September 26. Coles was released on bail of £20,000 until October 10, with a condition that he reports twice daily to his local police station.

Young was remanded in custody until a bail surety of £20,000 could be raised.

Reporting restrictions were not lifted.

£22m Boots plant

Boots have just opened a £22m chemical processing plant as the latest stage in development of their Cramlington, Northumberland site.

The new facility will produce flurbiprofen — branded as Froben.

The plant was opened by the Duke of Northumberland, Lord Lieutenant of the county. Some 60 people will be employed there. There remains room on the Cramlington estate for at least a further six plants.

More **Business News** *overleaf*

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Healthcare trust for UK

The Henderson Unit Trust Group last week launched the UK's first healthcare investment trust.

Henderson point out that the world's six largest economies together spent more than $500 billion on healthcare in 1982 — an amount greater than the UK's entire gross national product.

America spends about 10 per cent of GNP on healthcare, while the figure for Britain, Japan and Germany is lower at just over 5 per cent. But in every case there has been a steady growth in healthcare spending, a trend which seems unaffected by economic cycles.

In the pharmaceutical world, Henderson will be investing in frontier technology such as genetic engineering and also putting money into established pharmaceutical companies all over the world. Some 60 per cent of the trust will be invested in America.

Minimum initial investment in the Global Healthcare Unit Trust is £500. A launch offer price of £0.50 per unit applies until October 7.

Labour calls for drug nationalisation

The agenda for the Labour Party's upcoming conference in Brighton includes nine motions calling for nationalisation of the pharmaceutical industry.

A further two motions demand the abolition of prescription charges, while one constituency party wants to see generic substitution introduced.

Coventry South West Constituency Party expresses abhorence at the pharmaceutical industry's "exorbitant" profits, and calls on the next Labour Government to "bring into public ownership the pharmaceutical industry, with compensation only on the basis of proven need, under democratic workers' control and management."

Brentwood and Ongar CLP speak of "profiteering and blackmail" on the part of the drug companies, while the Socialist Health Association says the industry is "exploiting" patients and the taxpayer.

As *C&D* went to press, the Liberal party, in conference at Harrogate, were debating a motion deploring the current Government's "assault" on the health service, and calling for the introduction of generic prescribing.

Less emphasis on business start-ups?

Chambers of Commerce throughout the country are urging Government to do more to encourage existing small businesses to grow and prosper rather than concentrating on start-up schemes.

The chambers believe they are the only organisations with a country-wide network of adequate services to satisfy the small firm's needs and criticise "wasteful duplication of public and private sector resources." They feel small businessmen are often suspicious of Government schemes, tending to suspect they will involve a great deal of bureaucracy.

The Department of Trade and Industry accepts the need for some rationalisation, and is currently reviewing its small business policy. The object of this review is to cut out some of the least used schemes, while attempting to improve the better ones. *"Small Firms — Taking Stock" (£1.50), Association of British Chambers of Commerce, Sovereign House, 212a Shaftesbury Avenue, London WC2H 8EW.*

Medical investment in Eire continues

Cheseborough Ponds are investing some £1.9m at Clondalkin, Dublin in a new factory for their medical products division. The plant will make personal hygiene products and disposable equipment for hospitals. These will be supplied to markets in Europe and the Middle East.

Meanwhile Iropharm — a newly-formed company — are spending around £780,000 on a pharmaceutical plant at Arklow, co Wicklow. Here they will manufacture a range of active ingredients for sale to major pharmaceutical companies in Europe and America.

An R&D facility will also be established on the site. Both projects are receiving backing from Ireland's Industrial Development Authority.

Guild to discuss 3pc pay limit

The 3 per cent pay limit to be applied by the Government to public sector workers next year — including pharmacists working for the health service — is to be discussed by the Guild of Hospital Pharmacists at their next meeting.

Chancellor Nigel Lawson, in announcing the cuts said there would be special cases such as the nurses and the police, but Donna Haber, ASTMS divisional officer, told *C&D* that pharmacists were unlikely to be included.

"No one is too thrilled," she said. "Personally I think it is disgraceful. NHS employees have been instructed to take a cut in their living standards."

US Government sues Burroughs-Wellcome

The US Government has filed a $900,000 (£600,000) civil law suit against Burroughs-Wellcome for allegedly selling excess and suspicious quantities of codeine in 10 Californian pharmacies, according to a *Financial Times* last week.

A spokesman for the company is reported as saying that the suit is totally unjustified. Wellcome in the UK were unable to confirm this report.

COMING EVENTS

Tuesday, September 27

Leicestershire Branch, Pharmaceutical Society, Postgraduate Medical Centre, Royal Infirmary, Leicester, at 8 pm. Chairman's evening, with NPA tape/slide presentation "You and your chemist". Wine & cheese buffet.

Barnet Branch, Pharmaceutical Society, Postgraduate Medical Centre, Barnet General Hospital, at 8 pm. Dr K. Dalton on "Menopause". Buffet at 7.15 pm.

Buckinghamshire Branch, Pharmaceutical Society, Town Hall, Archers Room 1, Civic Centre, Aylesbury, at 8pm. Talk by Dr R. Stables, Department of Pharmacology, Glaxo, and film on "Ranitidine and H2 antagonists." Buffet.

Wednesday, September 28

Isle of Wight Branch, Pharmaceutical Society, Postgraduate Medical Centre, St. Mary's Hospital, Newport, at 8 pm. Special meeting to discuss continuing education for practising community pharmacists, led by Mr J Watling, RPhO, from Queen Alexandra Hospital, Cosham.

Wirral Branch, Pharmaceutical Society, Wirral Postgraduate Medical Centre, Clatterbridge Hospital, at 8 pm. Branch discussion on new Code of Professional Conduct.

Thursday, September 29

Bedfordshire Branch, Pharmaceutical Society, Medical centre, Luton & Dunstable Hospital, at 8 pm. Dr Avice Hall on "Fungi of medical importance".

Bradford & Halifax Branch, National Pharmaceutical Association, Victoria Hotel, Bridge Street, Bradford, at 8pm. Mr C.D. Ross, chairman NPA and member of PSNC, speaks on "Negotiation, protection, advice."

Manchester & Salford Branch, National Pharmaceutical Association, The Board Room, Prestwich Hospital, Bury New Road, Prestwich, at 8 pm. 61st Annual General Meeting.

CMIS Ltd, marketing information consultants, Blenheim Palace, Woodstock, Oxfordshire. Seminar on "Taming technology for marketing managers". Details from Peter Brooker, CMIS, Wychwood House, 26 High Street, Kidlington, Oxon, telephone 08675 71753.

Weald of Kent Branch, Pharmaceutical Society, Postgraduate medical centre, Kent & Sussex Hospital, Tunbridge Wells, at 8 pm. Mr R.E. Salmon, editor, Chemist & Druggist, on "Putting C&D to bed". (Please note ammended date — this is one you really can't afford to miss!)

Friday, September 30

Torquay Branches, Pharmaceutical Society and National Pharmaceutical Association, Livermead Cliff Hotel, Torbay, at 7.45 pm. Mr E. Downing on "Computers in pharmacy, — the current state of the art".

Sunday, October 2

Torquay Branch, Pharmaceutical Society, Livermead House Hotel, Sea Front, Torquay, at 10.30 am — 5 pm. Display and demonstration on computer equipment by most leading suppliers.

National Pharmaceutical Association, Creskeld Suite, Parkway Hotel, Otley Road, Bramhope, Leeds, from 10.30 am — 4 pm. NPA computer labelling exhibition, featuring Oralabel, Park, Richardson, Williams systems.

Advance information

College of Pharmacy Practice, Assembly Hall, 1 Lambeth High Street, London SE1, on October 27 from 10 am to 4.30 pm. Seminar on "Allergies to foods and medicinal products". Fee of £15 (includes lunch) to the Secretary, College of Pharmacy Practice, 1 Lambeth High Street, London SE1.

British Association for Chemical Specialities, Cadbury-Schweppes Conference Centre, 105 Brooks Road, Dollis Hill, London NW2, on November 16. Symposium on "Forthcoming classification, packaging and labelling regulations." Fee (non-members) £51.75 (inc VAT). Details from BACS, Alembic House, 93 Albert Embakment, London SE1 7TU (telephone 01-582 1115).

Age Concern, Age Concern England Training Resource Centre, Seebohm House, Maryland Drive, Northfield, Birmingham, on December 1 & 2. Training course on "Depression in old age". Residential course fee of £45 to Training Department, Age Concern, Bernard Sunley House, 60 Pitcairn Road, Mitcham, Surrey (telephone 01 640 5431).

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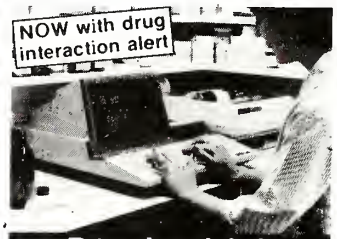

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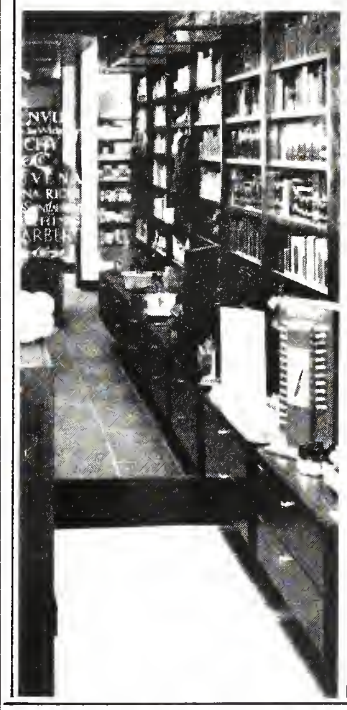

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